Case 17-12101 Doc 1 Filed 04/18/17 Entered 04/18/17 09:50:36 Desc Main

| Fill in this information to identify your case: |  |
|---|--|
| United States Bankruptcy Court for the:         |  |
| Northern District of Illinois                   |  |
| Case number (If known):                         | Chapter you are filing under:  ✓ Chapter 7 |
|   | Chapter 11 Chapter 12                      |
|   | Chapter 13                                 |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself                                |                            |   |
|----|---|----------------------------|---|
|    |   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name  |                            |   |
|    | Write the name that is on you government-issued picture | r TAMARA                   |   |
|    | identification (for example,                            | First name<br>A            | First name                                    |
|    | your driver's license or passport).                     | Middle name                | Middle name                                   |
|    | Bring your picture                                      | KUNA                       |   |
|    | identification to your meeting with the trustee.        | Last name                  | Last name                                     |
|    |   | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
|    |   |                            |   |
|    | All other names you                                     |                            |   |
| 2. | All other names you have used in the last 8             | First name                 | First name                                    |
|    | years   |                            |   |
|    | Include your married or maiden names.                   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
|    |   |                            |   |
|    |   | First name                 | First name                                    |
|    |   | Middle name                | Middle name                                   |
|    |   | Last name                  | Last name                                     |
|    |   | Last Harrie                | Last Hallie                                   |
|    |   |                            |   |
|    |   |                            |   |
| 3. | Only the last 4 digits of your Social Security          | xxx - xx - 9 3 4 5         | xxx - xx                                      |
|    | number or federal                                       | OR                         | OR  |
|    | Individual Taxpayer Identification number               | 9 xx - xx                  | 9 xx - xx                                     |
|    | (ITIN)  |                            |   |

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|   |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|---|---|---|--|
| 4. Any business names<br>and Employer<br>Identification Numbers<br>(EIN) you have used in |   | ✓ I have not used any business names or EINs.   | I have not used any business names or EINs.  |
|   | the last 8 years                                | Business name   | Business name  |
|   | Include trade names and doing business as names | Business name   | Business name  |
|   |   | Zadinoco namo   | Stances name   |
|   |   | EIN   | EIN  |
|   |   |   |  |
|   |   | EIN   | EIN  |
| 5.  | Where you live                                  |   | If Debtor 2 lives at a different address:  |
|   |   | 1855 TALL OAKS DRIVE  |  |
|   |   | Number Street   | Number Street  |
|   |   | UNIT 3303   |  |
|   |   | AURORA IL 60505   |  |
|   |   | City State ZIP Code   | City State ZIP Code  |
|   |   | Kane County County  | County   |
|   |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|   |   | Number Street   | Number Street  |
|   |   | P.O. Box  | P.O. Box   |
|   |   | City State ZIP Code   | City State ZIP Code  |
| 6.  | Why you are choosing                            | Check one:  | Check one:   |
|   | this district to file for bankruptcy            | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|   |   | ☐ I have another reason. Explain.   | ☐ I have another reason. Explain.  |
|   |   | (See 28 U.S.C. § 1408.)   | (See 28 U.S.C. § 1408.)  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |

| Pa  | art 2: Tell the Court Abo  | ut Your Bankruptcy Case  |   |  |  |
|-----|--|--|---|--|--|
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under | Check one. (For a brief description of each, see Not for Bankruptcy (Form 2010)). Also, go to the top of p  Chapter 7  Chapter 11  Chapter 12  Chapter 13  |   |  |  |
| 8.  | How you will pay the fee   | I will pay the entire fee when I file my per local court for more details about how your yourself, you may pay with cash, cashier's submitting your payment on your behalf, yo with a pre-printed address.  I need to pay the fee in installments. If you Application for Individuals to Pay The Filing I request that my fee be waived (You may By law, a judge may, but is not required to, less than 150% of the official poverty line the pay the fee in installments). If you choose the Chapter 7 Filing Fee Waived (Official Form   | may pay. check, or our attorned ou choose g Fee in In y request waive you hat applies this option | Typically, if you are money order. If you ey may pay with a case this option, sign are stallments (Official this option only if your fee, and may do so to your family size, you must fill out the | paying the fee ar attorney is redit card or check and attach the Form 103A).  The paying the fee are attorney is and you are unable to the application to Have the |
| 9.  | Have you filed for [bankruptcy within the last 8 years?                    | V No Yes. District  District   |   | When   | Case number  |
| 10. | affiliate? Dist  | ✓ No  ☐ Yes.  Itor  Indicates the state of | When  | Case nu  | you<br>mber, if known<br>you<br>nber, if known   |
| 11. | Do you rent your residence?  | No. Go to line 12.  Yes. Has your landlord obtained an eviction judic residence?  No. Go to line 12.  Yes. Fill out <i>Initial Statement About an</i> this bankruptcy petition.  |   |  |  |

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| Pa  | rt 3: Report About Any E  | susinesses You Own as a Sole Proprietor   |  |  |
|-----|---|---|--|--|
| 12. | 12. Are you a sole proprietor of any full- or part-time business?  No. Go to Part 4.  Yes. Name and location of business  |   |  |  |
|     | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. | Name of business, if any  Number Street   |  |  |
|     |   | City State ZIP Code  Check the appropriate box to describe your business:  Health Care Business (as defined in 11 U.S.C. § 101(27A))  |  |  |
|     |   | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) ☐ None of the above  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and<br>are you a <i>small business</i><br><i>debtor?</i><br>For a definition of <i>small</i><br><i>business debtor</i> , see<br>11 U.S.C. § 101(51D).                                    | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  No. I am not filing under Chapter 11.  No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| Pa  | rt 4: Report if You Own   | or Have Any Hazardous Property or Any Property That Needs Immediate Attention   |  |  |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety?   | ✓ No  Yes. What is the hazard?  |  |  |
|     | Or do you own any<br>property that needs<br>immediate attention?<br>For example, do you own<br>perishable goods, or livestock   | If immediate attention is needed, why is it needed?   |  |  |
|     | that must be fed, or a building that needs urgent repairs?  | Where is the property?  |  |  |
|     |   |   |  |  |

#### Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

|   | About Debtor 1:  |  | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|---|--|--|---|--|--|
|   | You must check one                                       | <b>:</b> :   | You must check or   | ne:  |  |
| t   | counseling age   | efing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, and I received a<br>impletion.  | counseling ag   | iefing from an approved credit<br>ency within the 180 days before I<br>ruptcy petition, and I received a<br>completion.  |  |
|   |  | the certificate and the payment you developed with the agency.   |   | of the certificate and the payment the you developed with the agency.  |  |
|   | counseling age   | efing from an approved credit<br>ncy within the 180 days before I<br>uptcy petition, but I do not have a<br>empletion.   | counseling ag   | iefing from an approved credit<br>ency within the 180 days before I<br>ruptcy petition, but I do not have a<br>completion.   |  |
|   |  | fter you file this bankruptcy petition, copy of the certificate and payment  |   | after you file this bankruptcy petition, a copy of the certificate and payment   |  |
| •   | services from a<br>unable to obtain<br>days after I made | sked for credit counseling<br>n approved agency, but was<br>n those services during the 7<br>de my request, and exigent<br>merit a 30-day temporary waiver<br>ent.       | services from<br>unable to obta<br>days after I ma  | asked for credit counseling<br>an approved agency, but was<br>in those services during the 7<br>ade my request, and exigent<br>s merit a 30-day temporary waiver<br>ment.          |  |
|   | requirement, atta<br>what efforts you<br>you were unable | day temporary waiver of the ach a separate sheet explaining made to obtain the briefing, why to obtain it before you filed for what exigent circumstances ile this case. | requirement, at<br>what efforts you<br>you were unab  | -day temporary waiver of the tach a separate sheet explaining u made to obtain the briefing, why le to obtain it before you filed for d what exigent circumstances file this case. |  |
|   | dissatisfied with  | oe dismissed if the court is<br>your reasons for not receiving a<br>ou filed for bankruptcy.   | dissatisfied with   | be dismissed if the court is<br>n your reasons for not receiving a<br>you filed for bankruptcy.  |  |
| If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. |  | still receive a b<br>You must file a<br>agency, along  | atisfied with your reasons, you must riefing within 30 days after you file. certificate from the approved with a copy of the payment plan you ny. If you do not do so, your case sed. |  |  |
|   |  | f the 30-day deadline is granted<br>nd is limited to a maximum of 15   |   | of the 30-day deadline is granted and is limited to a maximum of 15  |  |
|   | I am not require credit counseling                       | ed to receive a briefing abouting because of:  |   | red to receive a briefing about<br>ling because of:  |  |
|   | ☐ Incapacity.  | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   | ☐ Incapacity.   | I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.   |  |
|   | Disability.  | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.         | Disability.   | My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.                   |  |
|   | Active duty.   | I am currently on active military duty in a military combat zone.  | Active dut  | <ul> <li>I am currently on active military<br/>duty in a military combat zone.</li> </ul>  |  |
|   | briefing about cr  | u are not required to receive a edit counseling, you must file a   | briefing about of   | ou are not required to receive a credit counseling, you must file a  |  |

| Pa  | rt 6: Answer These Ques   | stions for Reporting Purposes  |   |  |  |
|---|---|--|---|--|--|
| 16.   | What kind of debts do you have?   | <ul> <li>16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</li> <li>No. Go to line 16b.</li> <li>Yes. Go to line 17.</li> <li>16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</li> </ul> |   |  |  |
|   |   | No. Go to line 16c. Yes. Go to line 17.  | 0 1   |  |  |
|   |   | 16c. State the type of debts you ow  | e that are not consumer de  | ebts or business de                          | bts.   |
|   |   |  |   |  | _  |
| 17.   | Are you filing under Chapter 7?   | No. I am not filing under Chapt  | er 7. Go to line 18.  |  |  |
|   | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing under Chapter 7 administrative expenses ar  No Yes  | . Do you estimate that after<br>re paid that funds will be av   | r any exempt prope<br>railable to distribute | erty is excluded and<br>to unsecured creditors?  |
| 18.   | How many creditors do you estimate that you owe?  | ✓ 1-49<br>□ 50-99<br>□ 100-199<br>□ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  |  | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19.   | How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 millio<br>\$10,000,001-\$50 millio<br>\$50,000,001-\$100 mil<br>\$100,000,001-\$500 m    | on 🔲   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20.   | How much do you estimate your liabilities to be?  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10 millio<br>\$10,000,001-\$50 millio<br>\$50,000,001-\$100 millio<br>\$100,000,001-\$500 m | on 🔲   | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| Pa  | rt 7: Sign Below  |  |   |  |  |
| Fo  | r you   | I have examined this petition, and I correct.  | declare under penalty of pe   | erjury that the infor                        | mation provided is true and  |
|   |   | If I have chosen to file under Chapte of title 11, United States Code. I und under Chapter 7.  |   |  |  |
| If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |   |  |   |  |  |
|   |   | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |   |  | ecified in this petition.  |
|   |   | I understand making a false statement with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and   | n fines up to \$250,000, or in  |  |  |
|   |   | ✗ /s/ TAMARA A KUNA  | ×   | <b>.</b>                                     |  |
|   |   | Signature of Debtor 1  |   | Signature of Debt                            | for 2  |
|   |   | Executed on 04/18/2017 MM / DD / YYY   | <del>Y</del>  | Executed on                                  | / DD /YYYY   |

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ MAS TAKIGUCHI                | Date          | 04/18/2017        |
|----------------------------------|---------------|-------------------|
| Signature of Attorney for Debtor |               | MM / DD /YYYY     |
| MAS TAKIGUCHI                    |               |                   |
| Printed name                     |               |                   |
| TAKIGUCHI & ASSOCIATES           |               |                   |
| Firm name                        |               |                   |
| 1415 W 22ND ST                   |               |                   |
| Number Street                    |               |                   |
| Suite 1025                       |               |                   |
| OAK BROOK                        | IL            | 60523             |
| City                             | State         | ZIP Code          |
| Contact phone 6305606002         | Email address | etakiguchilaw.com |
| 6192072                          | IL            |                   |
| Bar number                       | State         | _                 |

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| Fill in this information to identify your case: |                              |                              |           |  |  |
|---|------------------------------|------------------------------|-----------|--|--|
| Debtor 1  | TAMARA A KUNA                |                              |           |  |  |
|   | First Name                   | Middle Name                  | Last Name |  |  |
| Debtor 2  |                              |                              |           |  |  |
| (Spouse, if filing)                             | First Name                   | Middle Name                  | Last Name |  |  |
| United States E                                 | Bankruptcy Court for the: No | orthern District of Illinois |           |  |  |
| Case number                                     | (If known)                   |                              |           |  |  |

| Check if this is ar |
|---------------------|
| amended filing      |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|  | Your assets Value of what you own  |
|--|------------------------------------|
| . Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$ <u>0.00</u>                     |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$ 196,547.00                      |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$ <u>196,547.00</u>               |
| Part 2: Summarize Your Liabilities   |                                    |
|  | Your liabilities<br>Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ 0.00                            |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$ 1,300.00                        |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | + \$ <u>120,247.00</u>             |
| Your total liabilities   | \$ <u>121,547.00</u>               |
| Part 3: Summarize Your Income and Expenses   |                                    |
| Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$2,701.83                         |
| Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22c of Schedule J   | <sub>\$</sub> 1,930.00             |

Case 17-12101 TAMARA A KUNA

Document

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Debtor 1

First Name Middle Name

Last Name

Case number (if known)\_

| Pä | Answer These Questions for Administrative and Statistical Records  | •           |  |  |  |
|----|--|-------------|--|--|--|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?   |             |  |  |  |
|    | <ul> <li>No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> <li>✓ Yes</li> </ul>  |             |  |  |  |
| 7. | What kind of debt do you have?   |             |  |  |  |
|    | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. |             |  |  |  |
|    | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  |             |  |  |  |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.   |             |  |  |  |
| 9. | o. Copy the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :  |             |  |  |  |
|    |  | Total claim |  |  |  |
|    | From Part 4 on Schedule E/F, copy the following:   |             |  |  |  |
|    | 9a. Domestic support obligations (Copy line 6a.)   | \$          |  |  |  |
|    | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$1,300.00  |  |  |  |
|    | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          |  |  |  |
|    | 9d. Student loans. (Copy line 6f.)   | \$          |  |  |  |
|    | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)   | \$          |  |  |  |
|    | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | <b>+</b> \$ |  |  |  |
|    | 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          |  |  |  |
|    |  |             |  |  |  |

| Fill in this information to identify your case and the   | is Wirg: ed 04/18/17 0   | 9:50:36 Desc N                                       | Main                                  |
|--|--|--|---------------------------------------|
| , ,  | Document Page 10 of 67   |  |                                       |
| Debtor 1 TAMARA A KUNA  First Name Middle Name   | Last Name  |  |                                       |
| Debtor 2   |  |  |                                       |
| (Spouse, if filing) First Name Middle Name   | Last Name  |  |                                       |
| United States Bankruptcy Court for the: Northern District of I   | linois   |  |                                       |
| Case number  |  | г  | Check if this is an                   |
|  |  | _  | amended filing                        |
| Official Form 106A/B   |  |  |                                       |
|  |  |  |                                       |
| Schedule A/B: Proper   | ty   |  | 12/15                                 |
| responsible for supplying correct information. If write your name and case number (if known). An Part 1: Describe Each Residence, Building | plete and accurate as possible. If two married people more space is needed, attach a separate sheet to the swer every question.  13. Land, or Other Real Estate You Own or Harest in any residence, building, land, or similar properties. | nis form. On the top of a                            |                                       |
| ✓ No. Go to Part 2.  |  |  |                                       |
| Yes. Where is the property?  | What is the property? Check all that apply.  | Do not deduct secured cla                            | aims or exemptions. Put               |
| 1.1.   | Single-family home   | the amount of any secure<br>Creditors Who Have Clain | d claims on Schedule D:               |
| Street address, if available, or other description   | <ul> <li>Duplex or multi-unit building</li> <li>Condominium or cooperative</li> </ul>  | Current value of the                                 |                                       |
|  | Manufactured or mobile home  |  | portion you own?                      |
|  | Land   | \$   | \$                                    |
|  | Investment property  | Describe the nature of                               |                                       |
| City State ZIP Code  | Timeshare Other  | interest (such as fee<br>the entireties, or a life   |                                       |
|  | Who has an interest in the property? Check one.  |  | <u>-</u>                              |
|  | Debtor 1 only  | Check if this is co                                  | ommunity property                     |
| County   | Debtor 2 only  |  |                                       |
|  | Debtor 1 and Debtor 2 only   |  |                                       |
|  | At least one of the debtors and another  | tom ouch so local                                    |                                       |
|  | Other information you wish to add about this i<br>property identification number:  | tem, such as local                                   |                                       |
|  | ,  |  |                                       |
|  |  |  |                                       |
|  |  |  |                                       |
| If you own or have more than one, list here:   | What is the property? Check all that apply.  | Do not deduct secured cla                            |                                       |
| 1.2.   | Single-family home   | the amount of any secure<br>Creditors Who Have Clair |                                       |
| Street address, if available, or other description   | Duplex or multi-unit building Condominium or cooperative   |  |                                       |
|  | Manufactured or mobile home  | entire property?                                     | Current value of the portion you own? |
|  | Land   | \$   | \$                                    |
|  | Investment property  |  |                                       |
| City State ZIP Code  |  | Describe the nature of interest (such as fee         |                                       |
|  | Who has an interest in the property? Check one.  | the entireties, or a life                            |                                       |
|  | Debtor 1 only  |  |                                       |
| County   | Debtor 2 only  |  |                                       |
| County   | Debtor 1 and Debtor 2 only   |  | ommunity property                     |
|  | At least one of the debtors and another  | (see instructions)                                   |                                       |
|  | Other information you wish to add about this ite   | em, such as local                                    |                                       |

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| Street address, if available, or other description  City State ZIP Code   | What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other                                    | Do not deduct secured clathe amount of any secure Creditors Who Have Clain  Current value of the entire property?  \$  Describe the nature of interest (such as fee the entireties, or a life. | d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$  of your ownership simple, tenancy by |
|---|--|--|--|
| County  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number: | (see instructions)   | emmunity property  |
| Add the dollar value of the portion you own for a you have attached for Part 1. Write that number I  Part 2: Describe Your Vehicles   | II of your entries from Part 1, including any entries  | _  | <u>\$ 0.00</u>   |
| Do you own, lease, or have legal or equitable interestyou own that someone else drives. If you lease a vehicle 3. Cars, vans, trucks, tractors, sport utility vehicles In No In Yes  3.1. Make:  Model:  BUICK  RENDEVOUS | te, also report it on Schedule G: Executory Contracts and an interest in the property? Check one.  | -  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i>  |
| Year:  Approximate mileage: 150000  Other information:  Condition: Fair   | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)   | Current value of the entire property?  \$_1,250.00   | Current value of the portion you own?  \$\frac{1,250.00}{}   |
| If you own or have more than one, describe here:  3.2. Make:  Model:  Year: Approximate mileage:  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Do not deduct secured clathe amount of any secure Creditors Who Have Clair Current value of the entire property?   | d claims on Schedule D:<br>ns Secured by Property.   |
| Other information:  | ☐ Check if this is community property (see instructions)   | \$   | \$   |

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| Make:  | Dahtan 4 anh   | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair   | d claims on <i>Schedule</i> .   |
|--|--|---|---|
| Year:  Approximate mileage:  | Debtor 2 only Debtor 1 and Debtor 2 only   | Current value of the entire property?   |   |
| Other information:   | Check if this is community property (see instructions)   | \$  | \$  |
| Make:<br>Model:  | Dobtor 1 only  | Do not deduct secured cla<br>the amount of any secure<br>Creditors Who Have Clair   | d claims on <i>Schedule</i>   |
| Year: Approximate mileage:   | Debtor 1 and Debtor 2 only   | Current value of the entire property?   | Current value of portion you owr  |
| Other information:   | Check if this is community property (see instructions)   | \$  | \$  |
|  | Debtor 1 only  |   | d claims on <i>Schedule</i>   |
| Examples: Boats, trailers, motors, person<br>No<br>Yes<br>1.1. Make:   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  | d claims on Schedule ms Secured by Prope  Current value o portion you own     |
| Examples: Boats, trailers, motors, person No Yes  I.1. Make: Model: Year:  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Do not deduct secured class the amount of any secure Creditors Who Have Clair   | d claims on Schedule ms Secured by Prope  Current value o portion you own     |
| xamples: Boats, trailers, motors, person No Yes  1. Make: Model: Year: Other information:  you own or have more than one, list her   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  re: Who has an interest in the property? Check one. Debtor 1 only   | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  | d claims on Schedule ms Secured by Prope  Current value o portion you own  \$ |
| No   Yes   No   No   Yes   No   Yes   No   No   Yes   No   No   No   Yes   No   No   No   No   No   No   No   N  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  re: Who has an interest in the property? Check one.   | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured class the amount of any secure  | d claims on Schedule ms Secured by Prope  Current value o portion you own  \$ |
| Examples: Boats, trailers, motors, person  No Yes  1.1. Make:  Model:  Year:  Other information:   you own or have more than one, list her  1.2. Make:  Model:  Year:  Year: | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  re:  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$  Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the | d claims on Schedulins Secured by Proper  Current value of portion you ow  \$ |

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| Г   | Part 3: Describe Your Personal and Household Items   |  |
|-----|--|--|
| Do  | Do you own or have any legal or equitable interest in any of the following items?                | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 6.  | 6. Household goods and furnishings   |  |
|     | Examples: Major appliances, furniture, linens, china, kitchenware                                |  |
|     | □ No MISC FURNITURE  |  |
|     | ✓ Yes. Describe  | <sub>\$</sub> 2,200.00   |
|     |  | Ψ  |
| 7.  | 7. Electronics   |  |
|     | Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, p      | rinters, scanners; music   |
|     | collections; electronic devices including cell phones, cameras, media players, ga                |  |
|     | No TV, Misc older electronics and computer.  |  |
|     | Yes. Describe  | <sub>\$</sub> 1,250.00   |
|     |  | φ  |
| 8.  | 8. Collectibles of value   |  |
|     | Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other | er art objects:  |
|     | stamp, coin, or baseball card collections; other collections, memorabilia, collectib             |  |
|     | ☑ No   |  |
|     | Yes. Describe  | \$ <u>0.00</u>   |
|     |  |  |
| 9.  | 9. Equipment for sports and hobbies  |  |
|     | Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables       | s, golf clubs, skis; canoes  |
|     | and kayaks; carpentry tools; musical instruments   |  |
|     | ☑ No   |  |
|     | Yes. Describe  | \$_0.00  |
|     |  |  |
| 10  | 10. Firearms   |  |
|     | Examples: Pistols, rifles, shotguns, ammunition, and related equipment                           |  |
|     | ☑ No   | 0.00   |
|     | Yes. Describe  | \$ <u>0.00</u>   |
|     |  |  |
| 11. | 11. Clothes  |  |
|     | Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories               |  |
|     | □ No misc clothing.  | <sub>\$</sub> 500.00   |
|     | Yes. Describe  | \$   |
|     |  |  |
| 12  | 12. Jewelry  |  |
| 14  | Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom je        | ewelry watches gems  |
|     | gold, silver   | , natorioo, goriio,  |
|     | □ No WEDDING RING WATCH  |  |
|     | ✓ Yes. Describe  | \$ 1,750.00  |
|     |  |  |
| 13  | 13. Non-farm animals   |  |
|     | Examples: Dogs, cats, birds, horses  |  |
|     | ☑ No   |  |
|     | Yes. Describe  | \$_0.00  |
|     |  |  |
| 14  | 14. Any other personal and household items you did not already list, including any health        | aids you did not list  |
|     | ☑ No   |  |
|     | Yes. Give specific   | \$ 0.00  |
|     | information  | \$   |
|     |  | <u> </u>   |
| 15  | 15. Add the dollar value of all of your entries from Part 3, including any entries for pages     | Ψ  |
|     | for Part 3. Write that number here   |  |

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| Part 4: Describe Yo   | our Financial As                                 | sets  |   |
|---|--|---|---|
| Do you own or have any  | r legal or equitable                             | e interest in any of the following?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No  |  | t, in your home, in a safe deposit box, and on hand when you file your petition   |   |
| ✓ Yes   |  | Cash:   | \$500.00  |
| and other s   | savings, or other fir<br>similar institutions. I | nancial accounts; certificates of deposit; shares in credit unions, brokerage houses<br>If you have multiple accounts with the same institution, list each. |   |
| □ No □ Yes  |  | Institution name:   |   |
| 17.1. Chec  | cking account:                                   |   | \$  |
| 17.2. Chec  | cking account:                                   |   | \$  |
| 17.3. <b>Sa</b> vir   | ngs account:                                     | GLCU  | \$_1,912.00   |
| 17.4. Savir   | ngs account:                                     |   | \$  |
| 17.5. Certi   | ficates of deposit:                              |   | \$  |
| 17.6. Othe  | r financial account:                             |   | \$  |
| 17.7. Othe  | r financial account:                             |   | \$  |
| 17.8. Othe  | r financial account:                             |   | \$  |
| 17.9. Othe  | r financial account:                             |   | \$  |
|   |  |   |   |
| 18. <b>Bonds, mutual funds</b> , <i>Examples</i> : Bond funds  ☑ No ☐ Yes |  | nts with brokerage firms, money market accounts   | \$  |
| an LLC, partnership,  ✓ No  ☐ Yes. Give specific                          | and joint venture  Name of entity:               | s in incorporated and unincorporated businesses, including an interest in  % of ownership:  | \$  |
| information about them  |  | %   | \$  |
|   |  | %   | \$  |
|   |  |   |   |

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| 20. | Negotiable instruments in                            | nclude personal c | other negotiable and non-negotiable instruments hecks, cashiers' checks, promissory notes, and money orders.   |               |
|-----|--|-------------------|--|---------------|
|     | Non-negotiable instrume                              | nts are those you | cannot transfer to someone by signing or delivering them.  |               |
|     | ✓ No  Yes. Give specific information about           | Issuer name:      |  |               |
|     | them   |                   |  | \$            |
|     |  |                   |  | \$            |
|     |  |                   |  | \$            |
| 21. | Retirement or pension a<br>Examples: Interests in IR |                   | n, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans   |               |
|     | □No  |                   |  |               |
|     | Yes. List each account separately.  Type of account: | Institution nar   | me:  |               |
|     | 401(k) or similar plar                               | ٦٠                |  | \$            |
|     |  | 401K              |  | \$_186,185.00 |
|     | Pension plan:  |                   |  | \$            |
|     | IRA:   |                   |  | \$            |
|     | Retirement account:                                  |                   |  | \$            |
|     | Keogh:   |                   |  | \$            |
|     | Additional account:                                  |                   |  | \$            |
|     | Additional account:                                  |                   |  | \$            |
| 22. |  | deposits you hav  | e made so that you may continue service or use from a company epaid rent, public utilities (electric, gas, water), telecommunications  Institution name or individual: |               |
|     |  | Electric:         |  | \$            |
|     |  | Gas:              |  | \$            |
|     |  | Heating oil:      |  | \$            |
|     |  | Rental unit:      | Rent Security Deposit  | \$ 1,000.00   |
|     |  | Prepaid rent:     |  | \$            |
|     |  | Telephone:        |  | \$            |
|     |  | Water:            |  | \$            |
|     |  | Rented furniture: |  | \$            |
|     |  | Other:            |  | \$            |
| 23. | Annuities (A contract for  ☑ No                      | a periodic payme  | ent of money to you, either for life or for a number of years)   |               |
|     | Yes  | Issuer name and   | description:   |               |
|     |  |                   |  | \$            |
|     |  |                   |  | \$            |
|     |  |                   |  | \$            |

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| 24. Interests in an education IRA<br>26 U.S.C. §§ 530(b)(1), 529A(   | A, in an account in a qualified ABLE program, or under a qualified stable, and 529(b)(1).             | ate tuition program.  |   |
|--|---|---|---|
| ☑ No   | 5), and 525(5)(1).  |   |   |
| Yes  |   |   |   |
| □ 165  | Institution name and description. Separately file the records of any inter                            | ests.11 U.S.C. § 521(c  | ):  |
|  |   |   | \$  |
|  |   |   |   |
|  |   |   | \$  |
|  |   |   | \$  |
|  |   |   |   |
|  | terests in property (other than anything listed in line 1), and rights of                             | r powers  |   |
| exercisable for your benefit   |   |   |   |
| ✓ No   |   |   |   |
| Yes. Give specific   |   |   | \$0.00  |
| information about them   |   |   | \$ 0.00   |
| OC Patenta conscienta tradam   | arks, trade secrets, and other intellectual property  |   |   |
|  | mes, websites, proceeds from royalties and licensing agreements                                       |   |   |
| ✓ No   | ,   |   |   |
| Yes. Give specific   |   |   | 7   |
| information about them   |   |   | \$0.00  |
|  |   |   |   |
| 27. Licenses, franchises, and of   | her general intangibles   |   |   |
|  | xclusive licenses, cooperative association holdings, liquor licenses, profes                          | ssional licenses  |   |
| ☑ No   |   |   |   |
| Yes. Give specific   |   |   |   |
| information about them   |   |   | \$0.00  |
|  |   |   |   |
|  |   |   |   |
| Money or property owed to you  | ?   |   | Current value of the  |
| Money or property owed to you  | ?   |   | portion you own?  |
| Money or property owed to you  | ?   |   |   |
|  | ?   |   | portion you own? Do not deduct secured  |
| 28. Tax refunds owed to you  | ?   |   | portion you own? Do not deduct secured  |
| 28. Tax refunds owed to you  No  |   |   | portion you own? Do not deduct secured claims or exemptions.  |
| 28. Tax refunds owed to you  No Yes. Give specific informa   | tion  |   | portion you own? Do not deduct secured claims or exemptions.  |
| 28. Tax refunds owed to you  No Yes. Give specific informa about them, including you already filed the   | tion<br>J whether<br>returns  | State:  | portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  No Yes. Give specific informa about them, including   | tion<br>J whether<br>returns  | State:  | portion you own? Do not deduct secured claims or exemptions.  |
| 28. Tax refunds owed to you  No Yes. Give specific informa about them, including you already filed the   | tion<br>J whether<br>returns  | State:  | portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  ✓ No  Yes. Give specific informa about them, including you already filed the and the tax years  | tion<br>J whether<br>returns  | State:  | portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  No Yes. Give specific informa about them, including you already filed the and the tax years   | tion<br>I whether<br>returns  | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  |
| 28. Tax refunds owed to you  No Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump s   | tion<br>J whether<br>returns  | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  |
| 28. Tax refunds owed to you  ✓ No  — Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump so   | tion y whether returns  | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  |
| 28. Tax refunds owed to you  No Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump s   | tion y whether returns  | State:<br>Local:  | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  |
| 28. Tax refunds owed to you  ✓ No  — Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump so   | tion y whether returns  | State:  Local: nent, property settleme  | portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  ✓ No  — Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump so   | tion y whether returns  | State: Local: nent, property settleme Alimony: Maintenance:   | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  0.00  \$\frac{0.00}{0.00}\$  |
| 28. Tax refunds owed to you  ✓ No  — Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump so   | tion y whether returns  | State: Local: nent, property settleme Alimony: Maintenance: Support:  | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  0.00  10.00  10.00  10.00  10.00  10.00  10.00  10.00  |
| 28. Tax refunds owed to you  ✓ No  — Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump so   | tion y whether returns  | State: Local: nent, property settleme Alimony: Maintenance: Support: Divorce settlement:                        | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$ |
| 28. Tax refunds owed to you  ✓ No  — Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump so   | tion y whether returns  | State: Local: nent, property settleme Alimony: Maintenance: Support:  | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$                        |
| 28. Tax refunds owed to you  ✓ No  ☐ Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump s  ✓ No  ☐ Yes. Give specific informa  | tion y whether returns  | State: Local:  nent, property settleme  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$ |
| 28. Tax refunds owed to you  ✓ No  ☐ Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump s  ✓ No  ☐ Yes. Give specific informa  | tion y whether returns  | State: Local:  nent, property settleme  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$ |
| 28. Tax refunds owed to you  ✓ No  ☐ Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump s  ✓ No  ☐ Yes. Give specific informa  30. Other amounts someone ow Examples: Unpaid wages, discorial Security ber | tion y whether returns  | State: Local:  nent, property settleme  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$ |
| 28. Tax refunds owed to you  ✓ No  Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump s  ✓ No  Yes. Give specific informa  30. Other amounts someone ow Examples: Unpaid wages, disc Social Security ber   | tion y whether returns  um alimony, spousal support, child support, maintenance, divorce settlen tion | State: Local:  nent, property settleme  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$ 0.00 \$ 0.00 \$ 0.00  not  \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00   |
| 28. Tax refunds owed to you  ✓ No  ☐ Yes. Give specific informa about them, including you already filed the and the tax years  29. Family support  Examples: Past due or lump s  ✓ No  ☐ Yes. Give specific informa  30. Other amounts someone ow Examples: Unpaid wages, discorial Security ber | tion y whether returns  um alimony, spousal support, child support, maintenance, divorce settlen tion | State: Local:  nent, property settleme  Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions.  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  ont  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$  \$\frac{0.00}{0.00}\$ |

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| 31. Interests in insurance policies  Examples: Health, disability, or life insurance No    | nce; health savings account (HSA); credit, homeo               | wner's, or renter's insurance           |  |
|--|--|---|--|
| Yes. Name the insurance company of each policy and list its value                          | Company name:  | Beneficiary:                            | Surrender or refund value:   |
| or each policy and list its value  |  |   | \$   |
|  |  |   | \$   |
|  |  |   | \$   |
| property because someone has died.  No  Yes. Give specific information                     | expect proceeds from a life insurance policy, or a             | ·                                       | \$ <u>0.00</u>   |
| ✓ No   | es, insurance claims, or rights to sue                         |   | ¬  |
| Yes. Describe each claim   |  |   | \$ <u>0.00</u>   |
| 34. Other contingent and unliquidated clain to set off claims  No                          | ns of every nature, including counterclaims o                  | f the debtor and rights                 |  |
| Yes. Describe each claim   |  |   | s 0.00   |
|  |  |   | \$0.00   |
|  |  |   | _l   |
| 35. Any financial assets you did not already   | y list   |   | <del>_</del> .   |
| ✓ No ☐ Yes. Give specific information  |  |   | <u>\$</u> 0.00   |
| _  | es from Part 4, including any entries for pages                | · _                                     | \$ 189,597.00  |
|  |  |   |  |
| Part 5: Describe Any Business-   | Related Property You Own or Have                               | an Interest In. List any re             | eal estate in Part 1.  |
| 37. Do you own or have any legal or equital No. Go to Part 6. Yes. Go to line 38.          | ble interest in any business-related property?                 |   |  |
|  |  |   | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 38. Accounts receivable or commissions ye  | ou already earned  |   |  |
| ∐ No   |  |   | 7  |
| Yes. Describe  |  |   | \$   |
| 39. Office equipment, furnishings, and sup  Examples: Business-related computers, software | plies e, modems, printers, copiers, fax machines, rugs, teleph | ones, desks, chairs, electronic devices | _  |
| Yes. Describe  |  |   | \$   |
|  |  |   |  |

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| 40. <b>Machinery, fixtures, eq</b>                 | uipment, supplies you use in business, and tools of your trade   |                  |   |
|--|--|------------------|---|
| Yes. Describe                                      |  |                  | \$  |
|  |  |                  |   |
| 41. Inventory                                      |  |                  |   |
| ☐ No<br>☐ Yes. Describe                            |  |                  |   |
| Tes. Describe                                      |  |                  | \$  |
| 42. Interests in partnership                       | os or joint ventures   |                  |   |
| □No  |  |                  |   |
| Yes. Describe                                      | Name of entity:  | % of ownership:  |   |
|  |  | %                | \$  |
|  |  | %                | \$  |
|  |  | %                | <b>\$</b>                                   |
|  | lists, or other compilations   |                  |   |
| ☐ No<br>☐ Yes. <b>Do vour lists i</b>              | nclude personally identifiable information (as defined in 11 U.S.C. § 101(41A))                                    | ?                |   |
| □ No   | ,, , , , , , , , , , , , , , , , ,   |                  |   |
| Yes. Descr   | ibe  |                  | \$  |
|  |  |                  | J *   |
|  | property you did not already list  |                  |   |
| ☐ No<br>☐ Yes. Give specific                       |  |                  |   |
| information  |  |                  | \$  |
|  |  |                  | \$  |
|  |  |                  | \$  |
|  |  |                  | \$  |
|  |  |                  | <b>\$</b>                                   |
|  |  |                  | \$  |
|  | f all of your entries from Part 5, including any entries for pages you have atta<br>umber here                     |                  | \$_0.00                                     |
| ioi Fait 3. Wille that in                          | uniber nere  |                  |   |
|  |  |                  |   |
|  | y Farm- and Commercial Fishing-Related Property You Own or Hav<br>have an interest in farmland, list it in Part 1. | e an Interest In |   |
| _  |  |                  |   |
| 46. <b>Do you own or have ar</b> No. Go to Part 7. | y legal or equitable interest in any farm- or commercial fishing-related prope                                     | erty?            |   |
| Yes. Go to line 47.                                |  |                  |   |
|  |  |                  | Current value of the portion you own?       |
|  |  |                  | Do not deduct secured claims or exemptions. |
| 47. Farm animals                                   |  |                  | or exemptions.                              |
| Examples: Livestock, po                            | oultry, farm-raised fish   |                  |   |
| □ No<br>□ Yes                                      |  |                  | 7   |
|  |  |                  |   |
|  |  |                  | \$  |

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| 48. Crops—either growing or harvested  |                            |                                |                        |
|--|----------------------------|--------------------------------|------------------------|
| ☐ No ☐ Yes. Give specific information  |                            |                                | \$                     |
| 49. Farm and fishing equipment, implements, machinery, fixtures  No Yes  | s, and tools of trade      |                                |                        |
|  |                            |                                | \$                     |
| 50. Farm and fishing supplies, chemicals, and feed  No   |                            |                                |                        |
| Yes  |                            |                                | \$                     |
| 51. Any farm- and commercial fishing-related property you did no   | ot already list            |                                |                        |
| Yes. Give specific information   |                            |                                | \$                     |
| 52. Add the dollar value of all of your entries from Part 6, including for Part 6. Write that number here              |                            |                                | \$ <u>0.00</u>         |
|  |                            |                                |                        |
| Part 7: Describe All Property You Own or Have a  | in Interest in That        | You Did Not List Above         |                        |
| 53. Do you have other property of any kind you did not already li<br>Examples: Season tickets, country club membership | st?                        |                                |                        |
| ✓ No ☐ Yes. Give specific  |                            |                                |                        |
| information  |                            |                                |                        |
|  |                            |                                | 0.00                   |
| 54. Add the dollar value of all of your entries from Part 7. Write the   | nat number here            | →                              | <u>\$0.00</u>          |
| Part 8: List the Totals of Each Part of this Form  |                            |                                |                        |
| 55. Part 1: Total real estate, line 2  |                            | <b></b>                        | \$ <u>0.00</u>         |
| 56. Part 2: Total vehicles, line 5   | \$_1,250.00                | -                              |                        |
| 57. Part 3: Total personal and household items, line 15  | \$_5,700.00                | -                              |                        |
| 58. Part 4: Total financial assets, line 36  | \$ 189,597.00              | -                              |                        |
| 59. Part 5: Total business-related property, line 45   | \$0.00                     | -                              |                        |
| 60. Part 6: Total farm- and fishing-related property, line 52  | \$0.00                     | -                              |                        |
| 61. Part 7: Total other property not listed, line 54   | +\$\frac{0.00}{106.547.00} | -<br>7                         | 400 547.00             |
| 62. Total personal property. Add lines 56 through 61   | <sub>\$_</sub> 196,547.00  | Copy personal property total 🗲 | <b>+</b> \$_196,547.00 |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62  |                            |                                | \$_196,547.00          |

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| Fill in this in     | formation to ide    | entify your case:                     |           |    |
|---------------------|---------------------|---------------------------------------|-----------|----|
| Debtor 1            | TAMARA A KUN        | A                                     |           |    |
|                     | First Name          | Middle Name                           | Last Name |    |
| Debtor 2            |                     |                                       |           |    |
| (Spouse, if filing) | First Name          | Middle Name                           | Last Name |    |
| United States I     | Bankruptcy Court fo | or the: Northern District of Illinois |           |    |
| Case number         |                     |                                       | \         | -, |
| (If known)          |                     |                                       |           |    |

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt  |                                      |  |  |  |  |
|--|--------------------------------------|--|--|--|--|
| <ol> <li>Which set of exemptions are you claiming?</li> <li>You are claiming state and federal nonband</li> <li>You are claiming federal exemptions. 11 U</li> </ol> | kruptcy exemptions. 11 U.S.          | ,  |  |  |  |
| 2. For any property you list on Schedule A/B to  | nat you claim as exempt, fi          | II in the information below.   |  |  |  |
| Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own | Amount of the exemption you claim  | Specific laws that allow exemption   |  |  |
|  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                                    |  |  |  |
| 2006 BUICK RENDEVOUS Brief description: Line from Schedule A/B: 3.1  | <u>\$_1,250.00</u>                   | 1,838.00 100% of fair market value, up to any applicable statutory limit | 735 III. Comp. Stat. 5/12-1001 (c) -<br>\$1,250.00, 735 III. Comp. Stat.<br>5/12-901 735 III. Comp. Stat. 5/12-906<br>735 III. Comp. Stat. 5/12-902 - \$588.00   |  |  |
| Schedule A/B: 3.1  Household goods - MISC FURNITURE  description:  Line from  Schedule A/B: 6  | \$ 2,200.00                          | 7,750.00 100% of fair market value, up to any applicable statutory limit | 735 III. Comp. Stat. 5/12-901 735 III. Comp. Stat. 5/12-906 735 III. Comp. Stat. 5/12-902 - \$1,250.00, 735 III. Comp. Stat. 5/12-901 735 III. Comp. Stat. 5/12-906 735 III. Comp. Stat. 5/12-906 735 III. Comp. Stat. 5/12-90 |  |  |
| Brief computer.  Electronics - TV, Misc older electronics and computer.  Line from Schedule A/B: 7   | \$ 1,250.00                          | 1,250.00 100% of fair market value, up to any applicable statutory limit | 735 III. Comp. Stat. 5/12-901 735 III. Comp. Stat. 5/12-906 735 III. Comp. Stat. 5/12-902 - \$1,250.00   |  |  |
| 3. Are you claiming a homestead exemption o (Subject to adjustment on 4/01/19 and every 3  ☑ No ☐ Yes. Did you acquire the property covered ☐ No ☐ Yes               | years after that for cases file      | ,  |  |  |  |

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Debtor 1

Last Name

#### Part 2: Additional Page

|                                   | tion of the property and line  A/B that lists this property | Current value of the                             | Amount of the exemption you claim  | Specific laws that allow exemption   |
|-----------------------------------|---|--|--|--|
| on schedule                       | A/B that hats this property                                 | portion you own Copy the value from Schedule A/B | Check only one box for each exemption  |  |
| Clothing<br>Brief<br>description: | g - misc clothing.  | \$ <u>500.00</u>                                 | <b>5</b> 500.00  | 735 III. Comp. Stat. 5/12-1001 (a) -<br>\$500.00   |
| Condaine / VB.                    | 11  |  | 100% of fair market value, up to any applicable statutory limit              | •  |
| Brief description:                | - WEDDING RING WATCH  | <u>\$1,750.00</u>                                | \$ 3,000.00  100% of fair market value, up to any applicable statutory limit | 735 III. Comp. Stat. 5/12-901 735 III. Comp. Stat. 5/12-906 735 III. Comp. Stat. 5/12-902 - \$3,000.00       |
| Schedule A/B:<br>Cash C           | 12<br>on Hand   |  |  | 735 III. Comp. Stat. 5/12-901 735 III.   |
| Brief description:                |   | \$ <u>500.00</u>                                 | \$ 500.00 100% of fair market value, up to any applicable statutory limit    | Comp. Stat. 5/12-906 735 III. Comp. Stat. 5/12-902 - \$500.00  |
|                                   | 16<br>Savings   | <b>\$1,912.00</b>                                | \$ 1,912.00  | 735 III. Comp. Stat. 5/12-901 735 III.<br>Comp. Stat. 5/12-906 735 III. Comp.<br>Stat. 5/12-902 - \$1,912.00 |
|                                   | 17.3  |  | 100% of fair market value, up to any applicable statutory limit              |  |
| Brief description:                |   | \$186,185.00                                     | \$\frac{186,185.00}{100\% of fair market value, up to                        | 735 ILCS 5/12-704 - \$186,185.00   |
| Line from Schedule A/B:           | 21  |  | any applicable statutory limit   |  |
| description:                      | y Deposits  | \$ <u>1,000.00</u>                               | \$\frac{1,000.00}{100\% of fair market value, up to                          | 735 III. Comp. Stat. 5/12-901 735 III. Comp. Stat. 5/12-906 735 III. Comp. Stat. 5/12-902 - \$1,000.00       |
| Line from Schedule A/B:           | 22  |  | any applicable statutory limit   |  |
| Brief description:                |   | \$   | \$100% of fair market value, up to   |  |
| Line from Schedule A/B:           |   |  | any applicable statutory limit   |  |
| Brief description:                |   | \$   | \$ \$ 100% of fair market value, up to any applicable statutory limit        | )  |
| Line from Schedule A/B:           |   |  | any approvation oracles, y mine  |  |
| Brief description:                |   | \$   | \$<br>100% of fair market value, up to                                       |  |
| Line from<br>Schedule A/B:        |   |  | any applicable statutory limit   |  |
| Brief description:                |   | \$   | \$100% of fair market value, up to   |  |
| Line from Schedule A/B:           |   |  | any applicable statutory limit   |  |
| Brief description:                |   | \$   | \$\$ 100% of fair market value, up to any applicable statutory limit         |  |
| Line from Schedule A/B:           |   |  | , ,, · · · · · · · · · · · · · · · · ·                                       |  |
| Brief description:                |   | \$   | \$100% of fair market value, up to   |  |
| Line from Schedule A/B:           |   |  | any applicable statutory limit   |  |

| Case 17-12101 Doo                                    | c 1 Filed 04/18/17 Entered 04/18/<br>Document Page 22 of 67   | 17 09:50:36                            | Desc Main                |                   |
|--|---|--|--------------------------|-------------------|
| Fill in this information to identify your case       |   |  |                          |                   |
| TAMARA A KUNA  |   |  |                          |                   |
| Debtor 1 First Name Middle Na                        | me Last Name  |  |                          |                   |
| Debtor 2 (Spouse, if filing) First Name Middle Na    | me Last Name  |  |                          |                   |
|  |   |  |                          |                   |
| United States Bankruptcy Court for the: Northern Dis | Strict of militors  |  |                          |                   |
| Case number (If known)                               |   |  |                          | f this is an      |
|  |   |  | amende                   | ed filing         |
| Official Form 106D                                   |   |  |                          |                   |
| <del></del>  | s Who Have Claims Secure  | d by Pro                               | narty                    | 40/45             |
|  |   |  | -                        | 12/15             |
|  | If two married people are filing together, both are ed<br>the Additional Page, fill it out, number the entries,     |  |                          |                   |
| additional pages, write your name and case           |   |  |                          | •                 |
| Do any creditors have claims secured by              | / your property?  |  |                          |                   |
|  | n to the court with your other schedules. You have nothi  | ng else to report on                   | this form.               |                   |
| Yes. Fill in all of the information below.           |   |  |                          |                   |
| Part 1: List All Secured Claims                      |   |  |                          |                   |
| Tart 1. List Ail Secured Claims                      |   | Column A                               | Column B                 | Column C          |
|  | ore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. | Amount of claim                        | Value of collateral      | Unsecured         |
|  | abetical order according to the creditor's name.  | Do not deduct the value of collateral. | that supports this claim | portion<br>If any |
| 2.1 WELLS FARGO HOME MORTG                           | Describe the property that secures the claim:   | \$ Unknown                             | \$ 228,000.00            | s Unknown         |
| Creditor's Name                                      | - \$228,000.00  | <u> </u>                               | <br>                     | Ψ                 |
| PO BOX 10335   | <del></del>   |  |                          |                   |
| Number Street  |   |  |                          |                   |
| DES MOINES IA 50306                                  | As of the date you file, the claim is: Check all that apply.  |  |                          |                   |
| City State ZIP Code                                  | ☐ Contingent  |  |                          |                   |
| Who owes the debt? Check one.                        | Unliquidated  |  |                          |                   |
| Debtor 1 only  | ☐ Disputed  |  |                          |                   |
| Debtor 2 only  | Nature of lien. Check all that apply.   |  |                          |                   |
| Debtor 1 and Debtor 2 only                           | An agreement you made (such as mortgage or secured car loan)  |  |                          |                   |
| At least one of the debtors and another              | Statutory lien (such as tax lien, mechanic's lien)  |  |                          |                   |
| ☐ Check if this claim relates to a                   | Judgment lien from a lawsuit  |  |                          |                   |
| community debt  Date debt was incurred 2007          | Other (including a right to offset)  Last 4 digits of account number 708015887                                      | _                                      |                          |                   |
| 2.2  | •   | •                                      | Φ.                       | \$                |
| Creditor's Name                                      | Describe the property that secures the claim:   | \$                                     | _ \$                     | Φ                 |
|  |   |  |                          |                   |
| Number Street  |   |  |                          |                   |
|  |   | l                                      |                          |                   |
| City 712.0   | As of the date you file, the claim is: Check all that apply.  Contingent  |  |                          |                   |
| City State ZIP Code                                  | ☐ Unliquidated  |  |                          |                   |
| Who owes the debt? Check one.                        | Disputed  |  |                          |                   |
| ☐ Debtor 1 only ☐ Debtor 2 only                      | Nature of lien. Check all that apply.   |  |                          |                   |
| Debtor 1 and Debtor 2 only                           | ☐ An agreement you made (such as mortgage or secured  |  |                          |                   |

community debt

Date debt was incurred

At least one of the debtors and another

☐ Check if this claim relates to a

\$<u>0.00</u>

☐ Statutory lien (such as tax lien, mechanic's lien)

car loan)

Add the dollar value of your entries in Column A on this page. Write that number here:

☐ Judgment lien from a lawsuit

Other (including a right to offset) Last 4 digits of account number

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TAMARA A KUNA Debtor 1

First Name Middle Name

Last Name

| Pa       | Part 2: List Others to Be Notified for a Debt That You Already Listed |                                    |   |  |  |  |  |  |  |
|----------|---|------------------------------------|---|--|--|--|--|--|--|
| ag<br>yo | ency is trying to collect from you for a debt                         | you owe to sor<br>e debts that you | neone else, list the cre<br>I listed in Part 1, list th | bt that you already listed in Part 1. For example, if a collection editor in Part 1, and then list the collection agency here. Similarly, if the additional creditors here. If you do not have additional persons to |  |  |  |  |  |
|          |   |                                    |   | On which line in Part 1 did you enter the creditor?  |  |  |  |  |  |
|          | Name  |                                    |   | Last 4 digits of account number  |  |  |  |  |  |
|          | Street  |                                    |   |  |  |  |  |  |  |
|          |   |                                    |   |  |  |  |  |  |  |
|          | City  | State                              | ZIP Code  |  |  |  |  |  |  |
|          |   |                                    |   | On which line in Part 1 did you enter the creditor?  |  |  |  |  |  |
|          | Name  |                                    |   | Last 4 digits of account number  |  |  |  |  |  |
|          | Street  |                                    |   |  |  |  |  |  |  |
|          | City  | State                              | ZIP Code  |  |  |  |  |  |  |
|          | Oity  | State                              | Zii Gode  |  |  |  |  |  |  |
| Ш        |   |                                    |   | On which line in Part 1 did you enter the creditor?  |  |  |  |  |  |
|          | Name  |                                    |   | Last 4 digits of account number  |  |  |  |  |  |
|          | Street  |                                    |   |  |  |  |  |  |  |
|          |   |                                    |   |  |  |  |  |  |  |
|          | City  | State                              | ZIP Code  |  |  |  |  |  |  |
| Ш        |   |                                    |   | On which line in Part 1 did you enter the creditor?  |  |  |  |  |  |
|          | Name  |                                    |   | Last 4 digits of account number  |  |  |  |  |  |
|          | Street  |                                    |   |  |  |  |  |  |  |
|          |   |                                    |   |  |  |  |  |  |  |
|          | City  | State                              | ZIP Code  |  |  |  |  |  |  |
|          |   |                                    |   | On which line in Part 1 did you enter the creditor?  |  |  |  |  |  |
|          | Name  |                                    |   | Last 4 digits of account number  |  |  |  |  |  |
|          | Street  |                                    |   |  |  |  |  |  |  |
|          |   |                                    |   |  |  |  |  |  |  |
|          | City  | State                              | ZIP Code  |  |  |  |  |  |  |
|          |   |                                    |   | On which line in Part 1 did you enter the creditor?  |  |  |  |  |  |
|          | Name  |                                    |   | Last 4 digits of account number  |  |  |  |  |  |
|          | Street  |                                    |   |  |  |  |  |  |  |
|          |   |                                    |   |  |  |  |  |  |  |

City

ZIP Code

State

|                   | (  | Case                            | 17-12101   | Doc 1  | Filed 04/18/17   | Entered                                 | d 04/18/17 09:   | 50:36  | Desc Main  |  |
|-------------------|--|---------------------------------|--|--|--|---|--|--|--|--|
| F                 | ill in this in                             | formati                         | on to identify yo                                      | our case:                                      |  |   | of 67  |  |  |  |
|                   | ebtor 1                                    | TAMAR                           | RA A KUNA  |  |  |   |  |  |  |  |
| "                 | reptor i                                   | First Name                      | 9  | Middle Name                                    | Last Name  |   |  |  |  |  |
|                   | ebtor 2<br>Spouse, if filing)              | First Name                      | <u> </u>   | Middle Name                                    | Last Name  |   |  |  |  |  |
| `                 |  |                                 |  |  |  |   |  |  |  |  |
| ١                 | nited States i                             | Bankrupto                       | cy Court for the: No                                   | orthern District (                             | of Illinois  |   |  |  | □ Chec   | ck if this is an                       |
|                   | ase number                                 |                                 |  |  |  |   |  |  |  | nded filing                            |
|                   |  |                                 |  |  |  |   |  |  |  |  |
| 0                 | fficial F                                  | orm                             | 106E/F   |  |  |   |  |  |  |  |
| 9                 | chodi                                      | ا مار                           | =/E: Cro   | litore l                                       | Who Have L   | Incoci                                  | rod Claim  |  |  | 40/45                                  |
| <u> </u>          | CHEU                                       | JIE L                           | LIF. CIEC  |  | viio nave C  | 111366                                  | areu Ciaiiii   | 3  |  | 12/15                                  |
| Lis<br>A/L<br>cre | t the other<br>B: Property<br>editors with | party to<br>(Officia<br>partial | o any executory<br>al Form 106A/B)<br>ly secured claim | contracts or<br>and on Sche<br>is that are lis | art 1 for creditors with land unexpired leases that adule G: Executory Consted in Schedule D: Crest the entries in the box | could resul<br>ntracts and leditors Who | t in a claim.  Also lis<br>Unexpired Leases (C<br>Have Claims Secure | t executory<br>official Form<br>and by Prope | contracts on S<br>n 106G). Do not<br>erty. If more spa | <i>chedule</i><br>include any<br>ce is |
|                   |  |                                 |  |  | number (if known).   | les on the le                           | nt. Attach the Contin  | uation ray                                   | e to tilis page. C                                     | on the top of                          |
| Pa                | rt 1: Lis                                  | st All o                        | of Your PRIOR  | ITY Unsecu                                     | red Claims   |   |  |  |  |  |
|                   |  |                                 |  |  |  |   |  |  |  |  |
| 1.                | Do any cro  No. Go  ✓ Yes.                 |                                 |  | secured clai                                   | ms against you?  |   |  |  |  |  |
| 2.                | List all of<br>each claim<br>nonpriority   | listed, i                       | dentify what type<br>ts. As much as po                 | of claim it is.<br>ossible, list the           | creditor has more than of<br>If a claim has both prior<br>e claims in alphabetical<br>of Part 1. If more than or           | ity and nonprorder accordi              | iority amounts, list that ng to the creditor's na                    | at claim here<br>me. If you h                | and show both lave more than to                        | oriority and<br>vo priority            |
|                   |  |                                 |  | •  | e instructions for this for  |   |  | not the other                                |  |  |
|                   |  |                                 | ,  |  |  |   | ,  | Total clain                                  | _  | Nonpriority                            |
|                   | ٦  |                                 |  |  |  |   |  |  | amount   | amount                                 |
| 2.1               |  |                                 | IE TREASUR   | Y/INT REV                                      | Last 4 digits of acc   | ount number                             |  | \$ <u>1,300.00</u>                           | 0.00   | <sub>\$1,300.00</sub>                  |
|                   | Priority Cred                              |                                 |  |  | When was the debt  | incurred?                               | 2013   |  |  |  |
|                   | Number                                     | Street                          |  |  | - When was the debt  | iliculteu:                              |  |  |  |  |
|                   | ALICTI                                     | N.I.                            |  | 70004000                                       |  | ile, the claim                          | is: Check all that apply.  |  |  |  |
|                   | AUSTI<br>City                              | IN .                            | TX<br>State  | 73301002<br>ZIP Code                           | <ul><li>L Contingent</li></ul>   |   |  |  |  |  |
|                   | •  | urred the                       | e debt? Check one                                      |  | Unliquidated   |   |  |  |  |  |
|                   | ☑ Debto                                    |                                 |  | •  | Disputed   |   |  |  |  |  |
|                   | Debto                                      | -                               |  |  | Type of PRIORITY   | unsecured                               | claim:   |  |  |  |
|                   | _  |                                 | ebtor 2 only   |  | ☐ Domestic support   | obligations                             |  |  |  |  |
|                   |  |                                 | the debtors and and                                    |  |  | =                                       | ou owe the government  |  |  |  |
|                   |  |                                 | claim is for a con                                     | nmunity debt                                   | Claims for death of intoxicated  | or personal inju                        | ry while you were  |  |  |  |
|                   | Is the cla<br>☑ No                         | im subje                        | ect to offset?   |  | _  |   |  |  |  |  |
|                   | Yes  |                                 |  |  |  |   |  |  |  |  |
| 2.2               |  |                                 |  |  | _ Last 4 digits of acco  | ount number                             |  | \$   | \$   | ¢                                      |
|                   | Priority Cred                              | ditor's Nam                     | ie   |  | When was the debt  |   |  | Φ  | Φ  | _ p                                    |
|                   | Number                                     | Street                          | <u> </u>   |  | _  |   |  |  |  |  |
|                   |  |                                 |  |  |  | ile, the claim                          | is: Check all that apply.  |  |  |  |
|                   |  |                                 |  | 710.0  | Contingent   |   |  |  |  |  |
|                   | City                                       |                                 | State  | ZIP Code                                       | Unliquidated Disputed  |   |  |  |  |  |
|                   | Who incl                                   |                                 | e debt? Check one                                      |  |  |   |  |  |  |  |
|                   | Debto                                      |                                 |  |  | Type of PRIORITY   |   | claim:   |  |  |  |
|                   | Debto                                      | r 1 and De                      | ebtor 2 only   |  | Domestic support   | •                                       |  |  |  |  |
|                   | At leas                                    | st one of t                     | the debtors and and                                    | other  | ☐ Claims for death of  | <del>-</del>                            | ou owe the government  |  |  |  |
|                   | Chec                                       | k if this (                     | claim is for a con                                     | nmunity debt                                   | intoxicated  | n hersongi ilila                        | ry willie you wele   |  |  |  |
|                   |  | im subje                        | ect to offset?   |  | Other. Specify   |   |  |  |  |  |
|                   | No<br>Yes                                  |                                 |  |  |  |   |  |  |  |  |
|                   |  |                                 |  |  |  |   |  |  |  |  |

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| Part 2: | List All | of Your                                 | NONPRIORITY | Unsecured | Claims |
|---------|----------|---|-------------|-----------|--------|
|         |          | • |             |           | •      |

|     | Do any creditors have nonpriority unsecured  No. You have nothing to report in this part. So Yes   |                                       |   |                                  |                        |
|-----|--|---------------------------------------|---|----------------------------------|------------------------|
|     | List all of your nonpriority unsecured claims in nonpriority unsecured claim, list the creditor sepaincluded in Part 1. If more than one creditor holds claims fill out the Continuation Page of Part 2. | arately for each claim                | . For each claim listed, identify wh                                    | at type of claim it is. Do not   | list claims already    |
|     |  |                                       |   |                                  | Total claim            |
| 4.1 | BANK OF AMERICA  |                                       | 1 - 4 4 dinite - f  | 4040                             |                        |
|     | Nonpriority Creditor's Name  |                                       | Last 4 digits of account number   | 4040                             | <sub>\$</sub> 7,951.00 |
|     | PO BOX 851001<br>Number Street   |                                       | When was the debt incurred?   | 2009                             |                        |
|     | DALLAS TX  | 75285                                 | As of the date you file, the claim                                      | is: Check all that apply.        |                        |
|     | City State   | ZIP Code                              | ☐ Contingent  |                                  |                        |
|     | Who incurred the debt? Check one.  |                                       | Unliquidated  |                                  |                        |
|     | Debtor 1 only  |                                       | ☐ Disputed  |                                  |                        |
|     | Debtor 2 only  |                                       | Type of NONPRIORITY unsecu  | ıred claim:                      |                        |
|     | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   |                                       |   | ireu Ciaiiii.                    |                        |
|     | At least one of the deptors and another  |                                       | Student loans   |                                  |                        |
|     | ☐ Check if this claim is for a community debt  |                                       | Obligations arising out of a separathat you did not report as priority  |                                  |                        |
|     | Is the claim subject to offset?  |                                       | Debts to pension or profit-sharing                                      | g plans, and other similar debts |                        |
|     | No   |                                       | Other. Specify Credit Card De   | ebt                              |                        |
|     | └ Yes  |                                       |   |                                  |                        |
| 4.2 | CAMPUS COURT AT KNOLLWOOD  |                                       | Last 4 digits of account number   |                                  | \$ <u>6,165.00</u>     |
|     | Nonpriority Creditor's Name  | · · · · · · · · · · · · · · · · · · · | When was the debt incurred?   | 2010                             |                        |
|     | 1701 KNOLLWOOD AVE   |                                       |   |                                  |                        |
|     | Number Steet   |                                       | As of the date you file, the claim                                      | is: Check all that apply.        |                        |
|     | KALAMAZOO MI   | 49006                                 | <u> </u>  |                                  |                        |
|     | City State   | ZIP Code                              | <ul><li>✓ Contingent</li><li>✓ Unliquidated</li></ul>                   |                                  |                        |
|     | Who incurred the debt? Check one.  Debtor 1 only   |                                       | ☑ Disputed  |                                  |                        |
|     | Debtor 2 only  |                                       | ·   |                                  |                        |
|     | Debtor 1 and Debtor 2 only   |                                       | Type of NONPRIORITY unsecu  | ıred claim:                      |                        |
|     | At least one of the debtors and another  |                                       | ☐ Student loans   |                                  |                        |
|     | ☐ Check if this claim is for a community debt  |                                       | Obligations arising out of a sepa                                       |                                  |                        |
|     |  |                                       | that you did not report as priority  Debts to pension or profit-sharing |                                  |                        |
|     | Is the claim subject to offset?  No  |                                       | Other. Specify RENT   |                                  |                        |
|     | Yes  |                                       |   |                                  |                        |
| 4.3 | CAPITAL ONE BANK   |                                       | Last 4 digits of account number   | 6738                             |                        |
|     | Nonpriority Creditor's Name  |                                       |   |                                  | \$ <u>5,022.00</u>     |
|     | PO BOX 6492 Number Street  |                                       | When was the debt incurred?   | 2009                             |                        |
|     | Number Street  |                                       |   |                                  |                        |
|     | CAROL STREAM IL  | 60197                                 | As of the date you file, the claim                                      | is: Check all that apply.        |                        |
|     | City State Who incurred the debt? Check one.   | ZIP Code                              | Contingent  |                                  |                        |
|     | ☑ Debtor 1 only  |                                       | Unliquidated  |                                  |                        |
|     | Debtor 2 only  |                                       | Disputed  |                                  |                        |
|     | Debtor 1 and Debtor 2 only   |                                       | Type of NONPRIORITY unsecu  | ıred claim:                      |                        |
|     | At least one of the debtors and another  |                                       | ☐ Student loans   |                                  |                        |
|     | ☐ Check if this claim is for a community debt  |                                       | Obligations arising out of a separation                                 | ration agreement or divorce      |                        |
|     | Is the claim subject to offset?  |                                       | that you did not report as priority                                     | claims                           |                        |
|     | ✓ No   |                                       | Debts to pension or profit-sharing                                      | = :                              |                        |
|     | Yes  |                                       | Other. Specify  |                                  |                        |
|     |  |                                       |   |                                  |                        |

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|---------|----------------|-------------|-----------|---------------|----------------|--|
| Part 2: | List All of    | our NONPRIO | RITY Unse | ecured Claims |                |  |

|      | Do any creditors have nonpriority unsecured cla No. You have nothing to report in this part. Subr Yes  |                      |  |                                |                     |
|------|--|----------------------|--|--------------------------------|---------------------|
| <br> | List all of your nonpriority unsecured claims in the control of th | tely for each claim. | For each claim listed, identify who  | at type of claim it is. Do not | list claims already |
|      |  |                      |  |                                | Total claim         |
| 4.4  | CARDMEMBER SERVICE   |                      | 1 4 d dinita -   | 7220                           |                     |
|      | Nonpriority Creditor's Name  |                      | Last 4 digits of account number  |                                | \$2,707.00          |
|      | 09 BOX 15153<br>Number Street  |                      | When was the debt incurred?  | 2009                           |                     |
|      | WILMINGTON DE  | 19886                | As of the date you file, the claim   | is: Check all that apply.      |                     |
|      | City State   | ZIP Code             | ☐ Contingent   |                                |                     |
|      | Who incurred the debt? Check one.  |                      | Unliquidated   |                                |                     |
|      | Debtor 1 only  |                      | ☐ Disputed   |                                |                     |
|      | Debtor 2 only  |                      | Type of NONDRIGHTY upage   | rad alaim:                     |                     |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   |                      | Type of NONPRIORITY unsecu   | ireu ciaiiii.                  |                     |
|      | At least one of the debtors and another  |                      | Student loans  |                                |                     |
|      | ☐ Check if this claim is for a community debt  |                      | Obligations arising out of a separathat you did not report as priority                         |                                |                     |
|      | Is the claim subject to offset?  |                      | ☐ Debts to pension or profit-sharing   |                                |                     |
|      | <u>✓</u> No  |                      | Other. Specify Credit Card De  | ebt                            |                     |
|      | Yes  |                      |  |                                |                     |
| 4.5  | CHASE BP   |                      | Last 4 digits of account number  | 422765101917                   | \$2,706.00          |
|      | Nonpriority Creditor's Name  |                      | When was the debt incurred?  | 10/28/2013                     |                     |
|      | 09 BOX 15298<br>Number Street  |                      |  |                                |                     |
|      | Number Street  |                      | As of the date you file, the claim   | is: Check all that apply.      |                     |
|      | WILMINGTON DC  | 19850                | _  | ior chock an that appry.       |                     |
|      | City State   | ZIP Code             | ☐ Contingent☐ Unliquidated   |                                |                     |
|      | Who incurred the debt? Check one.  |                      | Disputed   |                                |                     |
|      | ☑ Debtor 1 only ☐ Debtor 2 only  |                      |  |                                |                     |
|      | Debtor 1 and Debtor 2 only   |                      | Type of NONPRIORITY unsecu   | ıred claim:                    |                     |
|      | ☐ At least one of the debtors and another  |                      | ☐ Student loans  |                                |                     |
|      | ☐ Check if this claim is for a community debt  |                      | Obligations arising out of a sepa  |                                |                     |
|      |  |                      | that you did not report as priority  Debts to pension or profit-sharing                        |                                |                     |
|      | Is the claim subject to offset?  No  |                      | Other. Specify Credit Card De  |                                |                     |
|      | Yes  |                      |  |                                |                     |
| 4.6  | DISCOVER   |                      |  | 0824                           |                     |
| 1.0  | Nonpriority Creditor's Name  |                      | Last 4 digits of account number  |                                | \$ <u>14,842.00</u> |
|      | 09 BOX 6103  |                      | When was the debt incurred?  | 2009                           |                     |
|      | Number Street  |                      |  |                                |                     |
|      | CAROL STREAM IL City State   | 60197<br>ZIP Code    | As of the date you file, the claim   | is: Check all that apply.      |                     |
|      | Who incurred the debt? Check one.  | Zii Gode             | Contingent   |                                |                     |
|      | ✓ Debtor 1 only  |                      | ☐ Unliquidated☐ Disputed   |                                |                     |
|      | Debtor 2 only  |                      | □ Disputed   |                                |                     |
|      | Debtor 1 and Debtor 2 only   |                      | Type of NONPRIORITY unsecu   | ured claim:                    |                     |
|      | At least one of the debtors and another  |                      | ☐ Student loans  |                                |                     |
|      | ☐ Check if this claim is for a community debt  |                      | Obligations arising out of a separation  |                                |                     |
|      | Is the claim subject to offset?  |                      | that you did not report as priority  |                                |                     |
|      | ✓ No   |                      | <ul><li>□ Debts to pension or profit-sharing</li><li>□ Other. Specify Credit Card De</li></ul> | • •                            |                     |
|      | Yes  |                      | Guior. Openity Crodit Gard De  |                                |                     |
|      |  |                      |  |                                |                     |

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|          | 1   |   |
| D = -1 0 | List All of Vous NONDRIGHTY Has a some Jobins |   |
| Part 2:  | List All of Your NONPRIORITY Unsecured Claims |   |
|          |   |   |

|     | Do any creditors have nonpriority un  No. You have nothing to report in the Yes   |                             |                      |  |                                |                        |
|-----|---|-----------------------------|----------------------|--|--------------------------------|------------------------|
|     | List all of your nonpriority unsecured nonpriority unsecured claim, list the credincluded in Part 1. If more than one credictaims fill out the Continuation Page of I | ditor separa<br>ditor holds | ately for each claim | . For each claim listed, identify wh                                   | at type of claim it is. Do not | list claims already    |
|     |   |                             |                      |  |                                | Total claim            |
| 4.7 | FIRSTMARK SERVICES  |                             |                      | Last 4 digits of account number  | 6122                           |                        |
|     | Nonpriority Creditor's Name PO BOX 82522  |                             |                      | -  |                                | <sub>\$</sub> 7,949.00 |
|     | Number Street   |                             |                      | When was the debt incurred?  | 2014                           |                        |
|     | LINCOLN   | NE                          | 68501                | As of the date you file, the claim                                     | is: Check all that apply.      |                        |
|     | City  | State                       | ZIP Code             | Contingent   |                                |                        |
|     | Who incurred the debt? Check one.   |                             |                      | Unliquidated   |                                |                        |
|     | Debtor 1 only Debtor 2 only   |                             |                      | Disputed   |                                |                        |
|     | Debtor 1 and Debtor 2 only  |                             |                      | Type of NONPRIORITY unsecu   | ured claim:                    |                        |
|     | At least one of the debtors and another   |                             |                      | Student loans  |                                |                        |
|     | ☐ Check if this claim is for a commu  | nity debt                   |                      | Obligations arising out of a sepa                                      |                                |                        |
|     | Is the claim subject to offset?   | •                           |                      | that you did not report as priority  Debts to pension or profit-sharin |                                |                        |
|     | ✓ No<br>☐ Yes   |                             |                      | Other. Specify   |                                |                        |
| 4.8 | MIDLAND FUNDING LLC-CIT   | ΊΒΔΝΚ                       |                      | Last 4 digits of account number  | 853929                         | \$8,839.00             |
|     | Nonpriority Creditor's Name   | IDANIX                      |                      | When was the debt incurred?  | 3/24/2011                      | Ψ                      |
|     | 2365 NORTHSIDE DRIVE  |                             | <del> </del>         |  |                                |                        |
|     | Number Street<br>300  |                             |                      | As of the date you file, the claim                                     | is: Check all that apply.      |                        |
|     | SAN DIEGO   | CA                          | 92108                | ☐ Contingent   |                                |                        |
|     | City Who incurred the debt? Check one.  | State                       | ZIP Code             | Unliquidated   |                                |                        |
|     | Debtor 1 only   |                             |                      | Disputed   |                                |                        |
|     | Debtor 2 only   |                             |                      | Type of NONPRIORITY unsecu   | ured claim:                    |                        |
|     | Debtor 1 and Debtor 2 only  At least one of the debtors and another   |                             |                      | Student loans  |                                |                        |
|     | ☐ Check if this claim is for a commu  |                             |                      | Obligations arising out of a sepa                                      |                                |                        |
|     |   | ility debt                  |                      | that you did not report as priority  Debts to pension or profit-sharin |                                |                        |
|     | Is the claim subject to offset?  No   |                             |                      | Other. Specify   | = :                            |                        |
|     | Yes   |                             |                      |  |                                |                        |
| 4.9 | NAVIENT Nonpriority Creditor's Name   |                             |                      | Last 4 digits of account number  | 2771                           | \$33,392.00            |
|     | PO BOX 9635   |                             |                      | When was the debt incurred?  | 2015                           | \$33,392.00            |
|     | Number Street   |                             |                      |  |                                |                        |
|     | WILKES-BARRE  | PA                          | 18773                | As of the date you file, the claim                                     | is: Check all that apply.      |                        |
|     | City Who incurred the debt? Check one.  | State                       | ZIP Code             | Contingent   |                                |                        |
|     | Debtor 1 only   |                             |                      | Unliquidated   |                                |                        |
|     | Debtor 2 only   |                             |                      | Disputed   |                                |                        |
|     | Debtor 1 and Debtor 2 only  |                             |                      | Type of NONPRIORITY unsecu   | ured claim:                    |                        |
|     | At least one of the debtors and another   |                             |                      | ✓ Student loans  |                                |                        |
|     | ☐ Check if this claim is for a commu  | nity debt                   |                      | Obligations arising out of a sepa                                      |                                |                        |
|     | Is the claim subject to offset?   |                             |                      | that you did not report as priority  Debts to pension or profit-sharin |                                |                        |
|     | ✓ No  |                             |                      | Other. Specify   | • •                            |                        |
|     | Yes   |                             |                      |  |                                |                        |

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List All of Your NONPRIORITY Unsecured Claims

| 3.   | Do any creditors have nonpriority unsecured on the No. You have nothing to report in this part. Sure Yes |                       |   |                        |
|------|--|-----------------------|---|------------------------|
| 4.   | nonpriority unsecured claim, list the creditor sepa  | rately for each claim | rder of the creditor who holds each claim. If a creditor has . For each claim listed, identify what type of claim it is. Do not st the other creditors in Part 3.If you have more than three no | list claims already    |
|      |  |                       |   | Total claim            |
| 4.10 | PORTFOLIO RECOVERY-TNB   |                       | Land 4 divide of account mount on 602220727062  |                        |
|      | Nonpriority Creditor's Name  |                       | Last 4 digits of account number 603220727063  | \$3,789.00             |
|      | 120 CORPORATE BLVD Number Street   |                       | When was the debt incurred?   |                        |
|      |  |                       |   |                        |
|      | NORFOLK VA   | 23502                 | As of the date you file, the claim is: Check all that apply.  |                        |
|      | City State   | ZIP Code              | Contingent  |                        |
|      | Who incurred the debt? Check one.  Debtor 1 only   |                       | ☐ Unliquidated ☐ Disputed   |                        |
|      | Debtor 2 only  |                       | Disputed  |                        |
|      | Debtor 1 and Debtor 2 only   |                       | Type of NONPRIORITY unsecured claim:  |                        |
|      | At least one of the debtors and another  |                       | ☐ Student loans   |                        |
|      | ☐ Check if this claim is for a community debt  |                       | Obligations arising out of a separation agreement or divorce  |                        |
|      | Is the claim subject to offset?  |                       | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   |                        |
|      | ✓ No   |                       | ✓ Other. Specify Credit Card Debt   |                        |
|      | Yes  |                       |   |                        |
| 4.11 | SEARS  |                       | Last 4 digits of account number 3455  | \$ 6,500.00            |
|      | Nonpriority Creditor's Name  |                       | When was the debt incurred?   | ¥                      |
|      | PO BOX 183081 Number Street  |                       |   |                        |
|      | Number Street  |                       | As of the date you file, the claim is: Check all that apply.  |                        |
|      | COLUMBUS OH  | 43218                 | ☐ Contingent  |                        |
|      | City State   | ZIP Code              | ☐ Unliquidated  |                        |
|      | Who incurred the debt? Check one.  Debtor 1 only   |                       | Disputed  |                        |
|      | Debtor 2 only  |                       | Time of NONDDIODITY upge coursed alsies.  |                        |
|      | Debtor 1 and Debtor 2 only   |                       | Type of NONPRIORITY unsecured claim:  |                        |
|      | At least one of the debtors and another  |                       | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce</li></ul>  |                        |
|      | ☐ Check if this claim is for a community debt  |                       | that you did not report as priority claims  |                        |
|      | Is the claim subject to offset?  |                       | <ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Credit Card Debt</li> </ul>  |                        |
|      | ✓ No<br>Yes  |                       | Other: Specify Ordan Sand Sept  |                        |
|      | TARGET NATL BANK   |                       |   |                        |
| 4.12 | Nonpriority Creditor's Name  |                       | Last 4 digits of account number 4310  | <sub>\$</sub> 7,008.00 |
|      | PO BOX 59317   |                       | When was the debt incurred? 2009  | ¥                      |
|      | Number Street  |                       |   |                        |
|      | MINNEAPOLIS MN   | 55459                 | As of the date you file, the claim is: Check all that apply.  |                        |
|      | City Who incurred the debt? Check one.   | ZIP Code              | Contingent  |                        |
|      | _  |                       | ☐ Unliquidated  |                        |
|      | ☑ Debtor 1 only ☐ Debtor 2 only  |                       | Disputed  |                        |
|      | Debtor 1 and Debtor 2 only   |                       | Type of NONPRIORITY unsecured claim:  |                        |
|      | At least one of the debtors and another  |                       | Student loans   |                        |
|      | ☐ Check if this claim is for a community debt  |                       | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce  |                        |
|      | Is the claim subject to offset?  |                       | that you did not report as priority claims  |                        |
|      | ✓ No   |                       | <ul> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify Credit Card Debt</li> </ul>  |                        |
|      | Yes  |                       | calci. oponi,   |                        |

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List All of Your NONPRIORITY Unsecured Claims

| 3.    | Do any creditors have nonpriority unsecured  No. You have nothing to report in this part. So  Yes  |                   |   |                        |
|-------|--|-------------------|---|------------------------|
| 4.    | nonpriority unsecured claim, list the creditor sepa  | rately for each   | ical order of the creditor who holds each claim. If a creditor has claim. For each claim listed, identify what type of claim it is. Do not aim, list the other creditors in Part 3.If you have more than three no | list claims already    |
|       |  |                   |   | Total claim            |
| 4.13  | TNB VISA Nonpriority Creditor's Name   |                   | Last 4 digits of account number 435237760876  | <sub>\$</sub> 8,081.00 |
|       | PO BOX 673   |                   | When was the debt incurred?   | \$ 0,001.00            |
|       | Number Street  |                   |   |                        |
|       | MINNEAPOLIS MN City State  | 55440<br>ZIP Code | As of the date you file, the claim is: Check all that apply.  |                        |
|       | Who incurred the debt? Check one.  | ZIF Code          | ☐ Contingent ☐ Unliquidated   |                        |
|       | Debtor 1 only  |                   | Disputed  |                        |
|       | Debtor 2 only  |                   | Type of NONPRIORITY unsecured claim:  |                        |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   |                   | Student loans   |                        |
|       | ☐ Check if this claim is for a community debt  |                   | Obligations arising out of a separation agreement or divorce  |                        |
|       | Is the claim subject to offset?  |                   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   | <b>.</b>               |
|       | <b>✓</b> No  |                   | ✓ Other Specify   |                        |
|       | ∐ Yes  |                   |   |                        |
| 4.14  | WALMART Nonpriority Creditor's Name  |                   | Last 4 digits of account number 2086  | \$3,165.00             |
|       | PO BOX 530927  |                   | When was the debt incurred? 2009  |                        |
|       | Number Street  |                   | As of the date you file, the claim is: Check all that apply.  |                        |
|       | ATALANTA GA  | 30353             | <u> </u>  |                        |
|       | City Who incurred the debt? Check one.   | ZIP Code          | Contingent Unliquidated   |                        |
|       | Debtor 1 only  |                   | Disputed  |                        |
|       | Debtor 2 only Debtor 1 and Debtor 2 only   |                   | Type of NONPRIORITY unsecured claim:  |                        |
|       | At least one of the debtors and another  |                   | ☐ Student loans   |                        |
|       | ☐ Check if this claim is for a community debt  |                   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul>   |                        |
|       | Is the claim subject to offset?  |                   | Debts to pension or profit-sharing plans, and other similar debts   | i                      |
|       | ✓ No  Yes  Yes  ✓ Yes  ✓ No  ✓ |                   | ✓ Other. Specify  |                        |
| 4.15  | WELLO EADOO ED EIN OEDV  |                   | 1711  |                        |
| +. 10 | Nonpriority Creditor's Name  |                   | Last 4 digits of account number 1741  | \$ <u>2,131.00</u>     |
|       | PO BX 5185 Number Street   |                   | When was the debt incurred? 2014  |                        |
|       |  |                   |   |                        |
|       | SIOUX FALLS SD City State  | 57117<br>ZIP Code | As of the date you file, the claim is: Check all that apply.  |                        |
|       | Who incurred the debt? Check one.  |                   | <ul><li>✓ Contingent</li><li>✓ Unliquidated</li></ul>   |                        |
|       | ☐ Debtor 1 only ☐ Debtor 2 only  |                   | Disputed  |                        |
|       | Debtor 1 and Debtor 2 only   |                   | Type of NONPRIORITY unsecured claim:  |                        |
|       | ✓ At least one of the debtors and another  |                   | ✓ Student loans   |                        |
|       | ☐ Check if this claim is for a community debt  |                   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul>   |                        |
|       | Is the claim subject to offset?  |                   | Debts to pension or profit-sharing plans, and other similar debts   | ;                      |
|       | Yes  |                   | Other. Specify  |                        |
|       |  |                   |   |                        |

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Last Name Document

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| dditional creditors here. If you d |           |             | more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ns to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|------------------------------------|-----------|-------------|---|
| CARTER YOUNG INC                   |           |             | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| 882 N MAIN ST, STE 120             | )         |             | Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims   |
| Number Street                      | <u></u>   | <del></del> | ✓ Part 2: Creditors with Nonpriority Unsecured Claim  |
|                                    |           |             | F att 2. Orealions with Northform of discourse of all in  |
| CONYERS                            | GA        | 30012       | Last 4 digits of account number   |
| City                               | State     | ZIP Code    |   |
| MIDLAND FUNDING LLC                | ;<br>     |             | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| 2365 NORTHSIDE DRIVI               | E. STE 30 | 00          | Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims  |
| Number Street                      |           |             | ✓ Part 2: Creditors with Nonpriority Unsecured  |
|                                    |           |             | Claims  |
| SAN DIEGO                          | CA        | 92108       | Last 4 digits of account number 855676  |
| City                               | State     | ZIP Code    |   |
| PORTFOLIO RECOVERY                 | <b>′</b>  |             | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| Name 120 CORPORATE BLVD            |           |             | Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims   |
| Number Street                      |           |             | ✓ Part 2: Creditors with Nonpriority Unsecured  |
|                                    |           |             | Claims  |
| NORFOLK                            | VA        | 23502       | Last 4 digits of account number 7228  |
| City                               | State     | ZIP Code    | Last 4 digits of account number 1220  |
|                                    |           |             | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| Name                               |           |             | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  |
| Number Street                      |           |             |   |
| Cu cu                              |           |             | Part 2: Creditors with Nonpriority Unsecured Claims   |
|                                    |           |             | Last 4 digits of account number   |
| City                               | State     | ZIP Code    | Last 4 digits of account number   |
|                                    |           |             | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| Name                               |           |             |   |
| Number Street                      |           |             | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims   |
| Number Street                      |           |             | Part 2: Creditors with Nonpriority Unsecured Claims   |
|                                    |           |             |   |
| City                               | State     | ZIP Code    | Last 4 digits of account number   |
| ·                                  |           |             | On which entry in Part 1 or Part 2 did you list the original creditor?  |
| Name                               |           |             |   |
|                                    |           |             | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  |
| Number Street                      |           |             | Part 2: Creditors with Nonpriority Unsecured  |
|                                    |           |             | Claims  |
| City                               | State     | ZIP Code    | Last 4 digits of account number   |
| OILY .                             | Sidle     | ZIF COUR    |   |
| Name                               |           |             | On which entry in Part 1 or Part 2 did you list the original creditor?  |
|                                    |           |             | Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims  |
| Number Street                      |           |             | □ Part 2: Creditors with Nonpriority Unsecured  |
|                                    |           |             | Claims  |
|                                    |           |             | Last 4 digits of account number   |
| City                               | State     | ZIP Code    | Last 4 digits of account number   |

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Desc Main

Middle Name

Last Name Document

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|              |   |     | Total claim    |
|--------------|---|-----|----------------|
| Total claims | 6a. Domestic support obligations  | 6a. | \$             |
| from Part 1  | 6b. Taxes and certain other debts you owe the government  | 6b. | \$1,300.00     |
|              | 6c. Claims for death or personal injury while you were intoxicated  | 6c. | \$0.00         |
|              | 6d. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.                          | 6d. | + \$0.00_      |
|              | 6e. <b>Total.</b> Add lines 6a through 6d.  | 6e. | \$1,300.00_    |
|              |   |     | Total claim    |
| Total claims | 6f. Student loans   | 6f. | \$43,472.00    |
| from Part 2  | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00         |
|              | 6h. Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00         |
|              | Other. Add all other nonpriority unsecured claims.     Write that amount here.                              | 6i. | + \$ 76,775.00 |
|              | 6j. <b>Total.</b> Add lines 6f through 6i.  | 6j. | \$120,247.00   |

Official Form 106E/F

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| Fill in this information to identify your case: |                     |                                      |           |  |  |  |  |  |
|---|---------------------|--------------------------------------|-----------|--|--|--|--|--|
| Debtor  | TAMARA A KUNA       |                                      |           |  |  |  |  |  |
|   | First Name          | Middle Name                          | Last Name |  |  |  |  |  |
| Debtor 2  |                     |                                      |           |  |  |  |  |  |
| (Spouse If filing)                              | First Name          | Middle Name                          | Last Name |  |  |  |  |  |
| United States I                                 | Bankruptcy Court fo | or the Northern District of Illinois |           |  |  |  |  |  |
| Case number                                     |                     |                                      | \/        |  |  |  |  |  |
| (If known)                                      |                     |                                      |           |  |  |  |  |  |
|   |                     |                                      |           |  |  |  |  |  |

Check if this is an amended filing

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or company with wh         | nom you     | have the contract or lease | State what the contract or lease is for                             |
|-----|-----------------------------------|-------------|----------------------------|---|
| 2.1 | JASON RYAN Name 1643 TERRI CIRCLE |             |                            | RESIDENTIAL LEASE FOR 1855 TALL OAKS DRIVE UNIT 33  - AURORA Lessee |
|     | Street NAPERVILLE City            | IL<br>State | 60563<br>ZIP Code          | _   |
| 2.2 | Name                              |             |                            | _   |
|     | Street                            | State       | ZIP Code                   | _   |
| 2.3 | Name                              |             |                            | _   |
|     | Street                            |             |                            |   |
|     | City                              | State       | ZIP Code                   |   |
| 2.4 | Name                              |             |                            | _   |
|     | Street                            |             |                            |   |
| 2.5 | City                              | State       | ZIP Code                   |   |
|     | Name                              |             |                            | _   |
|     | Street                            |             |                            |   |
|     | City                              | State       | ZIP Code                   |   |

| (                                | Case 17-12101                 | Doc 1                       | Filed 04/18/17               | Entere        | d 04/18/17 09     | 9:50:36        | Desc Main   |
|----------------------------------|-------------------------------|-----------------------------|------------------------------|---------------|-------------------|----------------|---|
| Fill in this in                  | formation to identify yo      | ur case:                    |                              | Dann RR       | 01 07             |                |   |
| Debtor 1                         | TAMARA A KUNA                 |                             |                              |               |                   |                |   |
| Deptor 1                         | First Name                    | Middle Name                 | Last Name                    |               |                   |                |   |
| Debtor 2                         |                               |                             |                              |               |                   |                |   |
| (Spouse, if filing)              | First Name                    | Middle Name                 | Last Name                    |               |                   |                |   |
| United States E                  | Bankruptcy Court for the: Nor | thern District o            | f Illinois                   |               |                   |                |   |
| Case number                      |                               |                             | •                            | ,             |                   |                |   |
| (If known)                       |                               |                             |                              |               |                   |                | Check if this is an   |
|                                  |                               |                             |                              |               |                   |                | amended filing  |
|                                  |                               |                             |                              |               |                   |                | · ·   |
| Official F                       | Form 106H                     |                             |                              |               |                   |                |   |
| Schedu                           | ıle H: Your (                 | Codeb                       | tors                         |               |                   |                | 12/15   |
| are filing toge<br>and number th | ther, both are equally re     | esponsible foon the left. A | or supplying correct in      | formation. If | more space is nee | eded, copy the | ossible. If two married people<br>Additional Page, fill it out,<br>I Pages, write your name and |
| 1. Do you ha                     | ave any codebtors? (If y      | ou are filing a             | a joint case, do not list ei | ther spouse a | as a codebtor.)   |                |   |

|               | •                                       | <b>you lived in a community prop</b> esiana, Nevada, New Mexico, Pu | •                       | (Community property states and territories include   |
|---------------|---|---|-------------------------|--|
| _             | No. Go to line 3.                       | siana, Nevaua, New Mexico, i u                                      | eno Nico, Texas, Wash   | ington, and wisconsin.)                              |
| <u>ַ</u>      |   | er spouse, or legal equivalent liv                                  | e with you at the time? |  |
|               | No                                      |   | •                       |  |
|               | _                                       | y state or territory did you live?                                  |                         | Fill in the name and current address of that person. |
|               |   |   |                         |  |
|               |   |   |                         |  |
|               | Name of your spouse, former             | spouse, or legal equivalent   |                         |  |
|               | Number Street                           |   |                         |  |
|               |   |   |                         |  |
|               | City                                    | State   | ZIP Code                |  |
| 3. <b>l</b> ı | n Column 1, list all of your co         | debtors. Do not include your s                                      | spouse as a codebtor    | if your spouse is filing with you. List the person   |
|               |   | -   | •                       | . Make sure you have listed the creditor on          |
|               |   |   | m 106E/F), or Schedul   | e G (Official Form 106G). Use Schedule D,            |
|               | Schedule E/F, or Schedule G             | to fill out Column 2.   |                         |  |
|               | Column 1: Your codebtor                 |   |                         | Column 2: The creditor to whom you owe the debt      |
|               |   |   |                         | Check all schedules that apply:                      |
| 3.1           | 0.00.00.00.00.00.00.00.00.00.00.00.00.0 |   |                         | chock an concause that apply.                        |
| 0.1           | SARAH KUNA                              |   |                         | Schedule D, line                                     |
|               | 1855 TALL OAKS DRI                      | VE UNIT 3303  |                         | Schedule E/F, line 4.7                               |
|               | Street                                  |   |                         | Schedule G, line                                     |
|               | AURORA<br>City                          | IL<br>State   | 60505<br>ZIP Code       |  |
| 3.2           | •                                       | State   | ZIF Code                |  |
| 0.2           | SARAH KUNA                              |   |                         | Schedule D, line                                     |
|               | 1855 TALL OAKS DRI                      | VE UNIT 3303  |                         | Schedule E/F, line 4.9                               |
|               | Street                                  |   |                         | Schedule G, line                                     |
|               | AURORA<br>City                          | IL<br>State   | 60505<br>ZIP Code       |  |
| 3.3           | •                                       | State   | ZIP Code                |  |
| 3.3           | SARA L KUNA                             |   |                         | Schedule D, line                                     |
|               | Name<br>1855 TALL OAKS DRI              | VE UNIT 3303  |                         | Schedule E/F, line 4.15                              |
|               | Street                                  |   |                         | Schedule G, line                                     |
|               | AURORA                                  | <u>IL</u>   | 60505                   |  |
| -             | City                                    | State   | ZIP Code                |  |
|               |   |   |                         |  |

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| Fill in this information to identify   | your case:  | 3                                       |                    |   |   |   |  |  |
|--|---|---|--------------------|---|---|---|--|--|
| TAMARA A KUNA  |   |   |                    |   |   |   |  |  |
| Debtor 1 First Name  | Middle Name   | Last Name                               |                    |   |   |   |  |  |
| Debtor 2 (Spouse, if filing) First Name  | Middle Name   | Last Name                               |                    |   |   |   |  |  |
| United States Bankruptcy Court for the:  |   |   |                    |   |   |   |  |  |
|  |   | •                                       | ,                  | Chook if th                               | alo io:                                       |   |  |  |
| Case number(If known)  |   |   |                    | Check if th                               | ended filing                                  |   |  |  |
|  |   |   |                    | _   | plement showing post                          | petition chapter 13                     |  |  |
|  |   |   |                    |   | e as of the following d                       |   |  |  |
| Official Form 106I   |   |   |                    | MM / D                                    | D / YYYY                                      |   |  |  |
| Schedule I: You  | ır Income   |   |                    |   |   | 12/15                                   |  |  |
| Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the Part 1:  Describe Employment  | ou are married and not fil<br>use is not filing with you,<br>top of any additional pa | ling jointly, and yo do not include inf | ur spoเ<br>ormatio | use is living with y<br>on about your spo | ou, include informationse. If more space is n | n about your spouse.<br>eeded, attach a |  |  |
| Fill in your employment  |   |   |                    |   |   |   |  |  |
| information.   |   | Debtor 1                                |                    |   | Debtor 2 or non-fi                            | ing spouse                              |  |  |
| If you have more than one job, attach a separate page with   |   |   |                    |   |   |   |  |  |
| information about additional employers.  | Employment status   | Employed  Not employed                  | ed<br>he           |   | Employed  Not employed                        |   |  |  |
| Include part-time, seasonal, or  |   | — Not employ                            | ou                 |   | Trot employed                                 |   |  |  |
| self-employed work.  | Occupation  | CLERK                                   |                    |   |   |   |  |  |
| Occupation may include student or homemaker, if it applies.  | Occupation  | BALL HORTICULTURAL COMP                 |                    |   |   |   |  |  |
|  | Employer's name   |   | TICOL              |   |   |   |  |  |
|  | Employer's address  | 622 TOWN                                | RD                 |   |   |   |  |  |
|  |   | Number Street                           |                    |   | Number Street                                 |   |  |  |
|  |   |   |                    |   |   |   |  |  |
|  |   |   |                    |   |   |   |  |  |
|  |   | WEST CHI                                | CAGO               | , IL 60185                                |   |   |  |  |
|  |   | City                                    | State              | ZIP Code                                  | City  | State ZIP Code                          |  |  |
|  | How long employed the   | ere? 3YEARS                             |                    |   |   |   |  |  |
| Part 2: Give Details About   | : Monthly Income  |   |                    |   |   |   |  |  |
| Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse has been also as the second of th | ave more than one employe   | er, combine the info                    | _                  |   |   |   |  |  |
| below. If you need more space, a   | llacii a separale sheet to ti   | ino iuiii.                              |                    | F B. 14 . 4                               | For B. L. C.                                  |   |  |  |
|  |   |   |                    | For Debtor 1                              | For Debtor 2 or non-filing spouse             |   |  |  |
| List monthly gross wages, sal deductions). If not paid monthly,  |   |   | 2.                 | \$ 3,882.67                               | \$  |   |  |  |
| 3. Estimate and list monthly over  | rtime pay.  |   | 3. <del>1</del>    | -\$0.00                                   | + \$  |   |  |  |
| 4. Calculate gross income. Add li  | ne 2 + line 3.  |   | 4.                 | \$_3,882.67                               | \$  |   |  |  |

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Debtor 1 TAMARA A KUNA

First Name Middle Name Last Name

Case number (if known)\_\_\_\_\_

|             |   |        | Fo     | r Debtor 1    |      | For Debto     |                                       |                        |
|-------------|---|--------|--------|---------------|------|---------------|---------------------------------------|------------------------|
| (           | Copy line 4 here→   | 4.     | \$_    | 3,882.67      |      | \$            | <del> </del>                          |                        |
| 5. <b>L</b> | List all payroll deductions:  |        |        |               |      |               |                                       |                        |
|             | 5a. Tax, Medicare, and Social Security deductions   | 5a.    | \$_    | 585.00        |      | \$            |                                       |                        |
|             | 5b. Mandatory contributions for retirement plans  | 5b.    | \$_    | 0.00          |      | \$            |                                       |                        |
|             | 5c. Voluntary contributions for retirement plans  | 5c.    | \$_    | 234.00        |      | \$            | ·····                                 |                        |
|             | 5d. Required repayments of retirement fund loans  | 5d.    | \$_    |               |      |               |                                       |                        |
|             | 5e. Insurance   | 5e.    | \$_    | 361.83        |      | \$            |                                       |                        |
|             | 5f. Domestic support obligations  | 5f.    | \$_    | 0.00          |      | \$            |                                       |                        |
|             | 5g. Union dues  | 5g.    | \$_    | 0.00          |      | \$            | · · · · · · · · · · · · · · · · · · · |                        |
|             | 5h. Other deductions. Specify:  | 5h.    | +\$_   | 0.00          |      | + \$          |                                       |                        |
| 6.          | <b>Add the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.   | 6.     | \$_    | 1,180.83      |      | \$            |                                       |                        |
| 7.          | Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.     | \$_    | 2,701.83      |      | \$            | <del></del>                           |                        |
| 8.          | List all other income regularly received:   |        |        |               |      |               |                                       |                        |
|             | 8a. Net income from rental property and from operating a business, profession, or farm  |        |        |               |      |               |                                       |                        |
|             | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.    | \$_    | 0.00          |      | \$            | 0.00                                  |                        |
|             | 8b. Interest and dividends  | 8b.    | \$_    | 0.00          |      | \$            | 0.00                                  |                        |
|             | 8c. Family support payments that you, a non-filing spouse, or a depender regularly receive  | nt     |        |               |      |               |                                       |                        |
|             | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.    | \$_    | 0.00          |      | \$            | 0.00                                  |                        |
|             | 8d. Unemployment compensation   | 8d.    | \$_    | 0.00          |      | \$            | 0.00                                  |                        |
|             | 8e. Social Security   | 8e.    | \$_    | 0.00          |      | \$            | 0.00                                  |                        |
|             | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. | ce     |        | 0.00          |      |               | 0.00                                  |                        |
|             | Specify:  | 8f.    | \$_    |               |      | \$            |                                       |                        |
|             | 8g. Pension or retirement income  | 8g.    | \$_    | 0.00          |      | \$            | 0.00                                  |                        |
|             | 8h. Other monthly income. Specify:  | 8h.    | +\$_   | 0.00          |      | +\$           | 0.00                                  |                        |
| 9.          | <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.     | \$_    | 0.00          |      | \$            | 0.00                                  |                        |
|             | Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.    | \$_    | 2,701.83      | +    | \$            | 0.00                                  | <b>=</b> \$ 2,701.83   |
|             | State all other regular contributions to the expenses that you list in <i>Schedi</i> Include contributions from an unmarried partner, members of your household, you friends or relatives.  | our d  | lepend | ·             |      |               |                                       |                        |
|             | Do not include any amounts already included in lines 2-10 or amounts that are n   | iot av | vallab | e to pay expe | nses | s listea in S | cneaule J.<br>11. <del>•</del>        | • s 0.00               |
|             | Specify:  |        |        |               |      |               | 11.                                   | φ                      |
|             | Add the amount in the last column of line 10 to the amount in line 11. The r<br>Write that amount on the Summary of Your Assets and Liabilities and Certain St  |        |        |               |      | •             | 12.                                   | \$2,701.83<br>Combined |
| 13          | Do you expect an increase or decrease within the year after you file this fo  | orm?   | ?      |               |      |               |                                       | monthly income         |
|             | Yes. Explain:   |        |        |               |      |               |                                       |                        |

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| Fill in this ir                                      | nformation to identify  | your case:  |  |  |                      |                 |   |
|--|---|---|--|--|----------------------|-----------------|---|
| Debtor 1   | TAMARA A KUNA  First Name   | Middle Name   | Last Name  |  | Check if this is:    |                 |   |
| Debtor 2   |   |   |  |  | An amended fi        | ilina           |   |
| (Spouse, if filing)                                  |   | Middle Name   | Last Name  |  |                      | -               | etition chapter 13                                      |
| United States  | Bankruptcy Court for the:   | Northern District of Illinois   |  | tate)                                    | expenses as o        |                 |   |
| Case number<br>(If known)                            |   |   | <u> </u>   |  | MM / DD / YYYY       | <del></del>     |   |
| Official F   | orm 106J  |   |  |  |                      |                 |   |
| -  |   | ur Expens   | ses  |  |                      |                 | 12/15   |
| information. I                                       |   | ossible. If two married<br>ed, attach another sh  | -  |  |                      |                 | -   |
| Part 1:  | Describe Your Hou   | usehold   |  |  |                      |                 |   |
| 1. Is this a joi                                     | nt case?  |   |  |  |                      |                 |   |
| Yes. Do  | o to line 2. <b>Ses Debtor 2 live in a s</b> No  Yes. Debtor 2 must fil           | separate household?<br>le Official Form 106J-2,   | Expenses for S   | eparate Househol                         | ld of Debtor 2.      |                 |   |
| 2. Do you hav  | /e dependents?  | <b>☑</b> No   |  |  |                      |                 |   |
| -  | Debtor 1 and  | Yes. Fill out this  | information for  | Dependent's related Debtor 1 or Debtor   |                      | Dependent's age | Does dependent live<br>with you?                        |
| Debtor 2.  Do not state names.                       | e the dependents'   | each dependent.   |  |  |                      |                 | No Yes |
| expenses of  | penses include of people other than dyour dependents?                             | V No<br>☐ Yes   |  |  |                      |                 |   |
| Part 2: Es   | stimate Your Onco   | ing Monthly Expens  | ses  |  |                      |                 |   |
| Estimate you expenses as applicable da Include expen | r expenses as of your<br>of a date after the bar<br>te.<br>nses paid for with nor | r bankruptcy filing da<br>nkruptcy is filed. If thi<br>n-cash government as<br>d it on Schedule I: Yo | te unless you a<br>s is a supplement<br>ssistance if you | ental <i>Schedule J</i> , know the value | check the box at the | -               | and fill in the   |
| 4. The rental  |   | expenses for your res   | •  | •  | yments and           | \$              | 1,000.00  |
|  | uded in line 4:   |   |  |  |                      |                 |   |
|  | estate taxes  |   |  |  | 4a.                  | \$              | 0.00  |
| 4b. Prop   | erty, homeowner's, or r   | renter's insurance  |  |  | 4b.                  | \$              | 0.00  |
| 4c. Home   | e maintenance, repair,  | and upkeep expenses   |  |  | 4c.                  | \$              | 0.00  |
| 4d. Home   | eowner's association o  | r condominium dues  |  |  | 4d.                  | \$              | 0.00  |

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Debtor 1

TAMARA A KUNA

First Name Middle Name Last Name

Case number (if known)\_

|                                    |  |      | Your e | xpenses |
|------------------------------------|--|------|--------|---------|
| 5. Additional                      | mortgage payments for your residence, such as home equity loans  | 5.   | \$     | 0.00    |
| 6. Utilities:                      |  |      |        |         |
|                                    | icity, heat, natural gas   | 6a.  | \$     | 70.00   |
|                                    | r, sewer, garbage collection   | 6b.  | \$     | 0.00    |
|                                    | hone, cell phone, Internet, satellite, and cable services  | 6c.  | \$     |         |
| 6d. Other                          | . Specify:   | 6d.  |        | 0.00    |
| 7. Food and                        | housekeeping supplies  | 7.   | \$     | 300.00  |
| . Childcare                        | and children's education costs   | 8.   | \$     | 0.00    |
| . Clothing, I                      | aundry, and dry cleaning   | 9.   | \$     | 60.00   |
| . Personal o                       | are products and services  | 10.  | \$     | 20.00   |
| . Medical ar                       | nd dental expenses   | 11.  | \$     | 0.00    |
| -                                  | ation. Include gas, maintenance, bus or train fare.<br>ude car payments.   | 12.  | \$     | 175.00  |
| . Entertainn                       | nent, clubs, recreation, newspapers, magazines, and books  | 13.  | \$     | 0.00    |
| Charitable                         | contributions and religious donations  | 14.  | \$     | 0.00    |
| 5. <b>Insurance</b><br>Do not incl | ude insurance deducted from your pay or included in lines 4 or 20.   |      |        |         |
| 15a. Life in                       | surance  | 15a. | \$     | 0.00    |
| 15b. Health                        | n insurance  | 15b. | \$     | 15.00   |
| 15c. Vehic                         | le insurance   | 15c. | \$     | 95.00   |
| 15d. Other                         | insurance. Specify:  | 15d. | \$     | 0.00    |
|                                    | not include taxes deducted from your pay or included in lines 4 or 20.   | 16.  | \$     | 0.00    |
| Installmen                         | t or lease payments:   |      |        |         |
| 17a. Car p                         | ayments for Vehicle 1  | 17a. | \$     | 0.00    |
| 17b. Car p                         | ayments for Vehicle 2  | 17b. | \$     | 0.00    |
| 17c. Other                         | . Specify:   | 17c. | \$     | 0.00    |
|                                    | . Specify:   | 17d. | \$     | 0.00    |
|                                    | nents of alimony, maintenance, and support that you did not report as deducted from in line 5, Schedule I, Your Income (Official Form 106I). | 18.  | \$     | 0.00    |
| . Other pay                        | ments you make to support others who do not live with you.   |      |        |         |
|                                    |  | 19.  | \$     | 0.00    |
| Other real                         | property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income  |      |        |         |
| 20a. Mortg                         | ages on other property   | 20a. | \$     | 0.00    |
| 20b. Real                          | estate taxes   | 20b. | \$     | 0.00    |
| 20c. Prope                         | erty, homeowner's, or renter's insurance   | 20c. | \$     | 0.00    |
| ·                                  | enance, repair, and upkeep expenses  | 20d. | \$     | 0.00    |
| 20e. Home                          | owner's association or condominium dues  | 20e. | \$     | 0.00    |

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| Debtor         | 1       | TAMARA A      | A KUNA                   |                |                      |                   | Case number (# k  | (nown) |             |                                       |
|----------------|---------|---------------|--------------------------|----------------|----------------------|-------------------|-------------------|--------|-------------|---------------------------------------|
| 20010.         |         | First Name    | Middle Name              | Last Name      |                      | _                 |                   |        |             |                                       |
| 21. <b>O</b> 1 | ther. S | pecify:       |                          |                |                      |                   |                   | 21.    | +\$         | 0.00                                  |
|                |         |               |                          |                | ····                 |                   |                   |        | <b>+</b> \$ |                                       |
|                |         |               |                          |                |                      |                   |                   |        | +\$         |                                       |
| 22. <b>C</b>   | alcula  | te your moi   | nthly expenses.          |                |                      |                   |                   |        |             |                                       |
| 22             | 2a. Add | lines 4 thro  | ugh 21.                  |                |                      |                   |                   | 22a.   | \$          | 1,930.00                              |
| 22             | 2b. Cop | y line 22 (m  | onthly expenses          | for Debtor 2), | if any, from Officia | al Form 106J-2    | 22c. Add line 22a | 22b.   | \$          | · · · · · · · · · · · · · · · · · · · |
| an             | nd 22b. | The result is | s your monthly ex        | cpenses.       |                      |                   |                   | 22c.   | \$          | 1,930.00                              |
| 23. <b>Cal</b> | lculate | your mont     | hly net income.          |                |                      |                   |                   |        |             |                                       |
| 23a            |         | -             | _                        | nthly income)  | from Schedule I.     |                   |                   | 23a.   | \$          | 2,701.83                              |
| 23b            | . Cop   | y your mon    | thly expenses fro        | m line 22c abo | ove.                 |                   |                   | 23b.   | -\$         | 1,930.00                              |
| 23c            |         | -             | nonthly expenses         | -              | nthly income.        |                   |                   |        | \$          | 771.83                                |
|                | The     | result is yo  | ur <i>monthly net in</i> | come.          |                      |                   |                   | 23c.   | Ψ           |                                       |
| .4. <b>Do</b>  | you e   | xpect an in   | crease or decre          | ase in your ex | cpenses within th    | he year after yo  | u file this form? |        |             |                                       |
|                |         |               |                          |                | car loan within the  |                   |                   |        |             |                                       |
| mo             | ortgage | payment to    | increase or decr         | ease because   | of a modification    | to the terms of y | our mortgage?     |        |             |                                       |
| _              | No.     |               |                          |                |                      |                   |                   |        |             |                                       |
| ш              | Yes.    | Explain h     | ere:                     |                |                      |                   |                   |        |             |                                       |
|                |         |               |                          |                |                      |                   |                   |        |             |                                       |
|                |         |               |                          |                |                      |                   |                   |        |             |                                       |
|                |         |               |                          |                |                      |                   |                   |        |             |                                       |

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| Fill in this in                        | formation to identify    | y your case:             |           |  |
|--|--------------------------|--------------------------|-----------|--|
| Debtor 1                               | TAMARA A KUN             |                          |           |  |
|  | First Name               | Middle Name              | Last Name |  |
| Debtor 2                               |                          |                          |           |  |
| (Spouse, if filing)                    | First Name               | Middle Name              | Last Name |  |
| United States E Case number (If known) | Bankruptcy Court for the | Northern District of III | inois     |  |

## ☐ Check if this is an amended filing

### Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| No  |   |
|---|---|
| Yes. Name of person   | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and  |
|   | Signature (Official Form 119).                                    |
|   |   |
|   | ve read the summary and schedules filed with this declaration and |
|   | ve read the summary and schedules filed with this declaration and |
| der penalty of perjury, I declare that I hat they are true and correct. | ve read the summary and schedules filed with this declaration and |

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| Fill in this in        | formation to ide     | ntify your case:                 |           |
|------------------------|----------------------|----------------------------------|-----------|
| Debtor 1               | TAMARA A KUN         | A                                |           |
| -                      | First Name           | Middle Name                      | Last Name |
| Debtor 2               |                      |                                  |           |
| (Spouse, if filing)    | First Name           | Middle Name                      | Last Name |
| United States E        | Bankruptcy Court for | the: Northern District of Illino | is        |
| Case number (If known) |                      |                                  |           |

### Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| ✓ Married  Not married           | narital status?                  |                               |                     |                |                               |
|----------------------------------|----------------------------------|-------------------------------|---------------------|----------------|-------------------------------|
| Ouring the last 3 years          | s, have you lived anywhere       | other than where yo           | ou live now?        |                |                               |
| ☑ No<br>☑ Yes. List all of the p | places you lived in the last 3 y | ears. Do not include          | where you live now. |                |                               |
| Debtor 1:                        |                                  | Dates Debtor 1<br>lived there | Debtor 2:           |                | Dates Debtor 2<br>lived there |
|                                  |                                  |                               | Same as Debtor 1    |                | Same as Debtor                |
| Number Stree                     | t                                | From<br>To                    | Number Street       |                | From                          |
| City                             | State ZIP Code                   | -                             | City                | State ZIP Code |                               |
|                                  |                                  |                               | Same as Debtor 1    |                | Same as Debtor                |
| Number Stree                     | t                                | From<br>To                    | Number Street       |                | From                          |
| City                             | State ZIP Code                   | -                             | City                | State ZIP Code |                               |

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TAMARA A KUNA Debtor 1 Part 2: **Explain the Sources of Your Income** 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. ☐ No ✓ Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income Gross income Sources of income Gross income Check all that apply. (before deductions and (before deductions and Check all that apply. exclusions) exclusions) Wages, commissions. ■ Wages, commissions, From January 1 of current year until \$4,379.00 bonuses, tips bonuses, tips the date you filed for bankruptcy: ☐ Operating a business Operating a business ■ Wages, commissions, ■ Wages, commissions, For last calendar year: bonuses, tips \$39,186.00 bonuses, tips (January 1 to December 31, 2016 Operating a business Operating a business ■ Wages, commissions, ■ Wages, commissions, For the calendar year before that: bonuses, tips bonuses, tips \$ 46,262.00 (January 1 to December 31, 2015 Operating a business Operating a business 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. ☐ Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from each source each source Describe below. Describe below. (before deductions and (before deductions and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,

For the calendar year

before that:
(January 1 to
December 31,

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Debtor 1 TAMARA A KUNA Case number (if known)

Last Name

Middle Name

| Part 3:     | List            | Certain Paym       | ents You      | Made Before      | You Filed        | for Bankruptcy  |   |  |
|-------------|-----------------|--------------------|---------------|------------------|------------------|---|---|--|
|             |                 |                    |               |                  |                  |   |   |  |
| 6. Are eitl | her De          | btor 1's or Debt   | tor 2's debt  | s primarily co   | nsumer debt      | s?  |   |  |
| ☐ No        | "incu           | irred by an indivi | dual primari  | ily for a person | al, family, or h | bbts. Consumer debts are<br>nousehold purpose."<br>ay any creditor a total of       | e defined in 11 U.S.C. § 101<br>\$6,425* or more? | (8) as                                 |
|             |                 | No. Go to line 7.  |               |                  | 10), 111 ) 11    | -,,   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           |  |
|             | _               |                    | aab araditar  | to whom you      | acid a total of  | CC 425* or more in one  | or more novements and                             |  |
|             |                 | he total amount    | t you paid th | nat creditor. Do | not include p    | \$6,425* or more in one of ayments for domestic sunents to an attorney for t        | pport obligations, such as                        |  |
|             | * Sul           | bject to adjustme  | ent on 4/01/  | 19 and every 3   | years after th   | at for cases filed on or a  | fter the date of adjustment.                      |  |
| ✓ Yes       | s. <b>Deb</b> t | tor 1 or Debtor 2  | 2 or both h   | ave primarily o  | consumer de      | bts.  |   |  |
|             | Durir           | ng the 90 days b   | efore you fil | ed for bankrup   | tcy, did you pa  | ay any creditor a total of  | \$600 or more?                                    |  |
|             | <b>V</b>        | No. Go to line 7.  |               |                  |                  |   |   |  |
|             | <u> </u>        | creditor. Do       | not include   | payments for o   | domestic supp    | \$600 or more and the to<br>port obligations, such as<br>ey for this bankruptcy cas |   |  |
|             |                 |                    |               |                  | Dates of payment | Total amount paid   | Amount you still owe                              | Was this payment for                   |
|             |                 |                    |               |                  |                  | \$  | \$  | ☐ Mortgage                             |
|             |                 | Creditor's Name    |               |                  |                  |   |   | ☐ Car                                  |
|             |                 | Number Street      |               |                  |                  |   |   | Credit card                            |
|             |                 |                    |               |                  |                  |   |   | Loan repayment                         |
|             |                 |                    |               |                  |                  |   |   | Suppliers or vendors                   |
|             |                 | City               | State         | ZIP Code         |                  |   |   | Other                                  |
|             | -               |                    |               |                  |                  |   |   |  |
|             |                 | Creditor's Name    |               |                  |                  | \$  | \$  | ☐ Mortgage                             |
|             |                 |                    |               |                  |                  |   |   | ☐ Car                                  |
|             |                 | Number Street      |               |                  |                  |   |   | Credit card                            |
|             |                 |                    |               |                  |                  |   |   | ☐ Loan repayment☐ Suppliers or vendors |
|             |                 |                    |               |                  |                  |   |   | Other                                  |
|             |                 | City               | State         | ZIP Code         |                  |   |   |  |
|             | -               |                    |               |                  |                  |   |   |  |
|             |                 | Creditor's Name    |               |                  |                  | \$  | \$  | Mortgage                               |
|             |                 | Creditor's Name    |               |                  |                  |   |   | ☐ Car                                  |
|             |                 | Number Street      |               |                  |                  |   |   | Credit card                            |
|             |                 |                    |               |                  |                  |   |   | Loan repayment                         |
|             |                 |                    |               |                  |                  |   |   | Suppliers or vendors                   |
|             |                 | City               | State         | ZIP Code         |                  |   |   | Other                                  |
|             |                 | •                  |               |                  |                  |   |   |  |
|             |                 |                    |               |                  |                  |   |   |  |

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Case number (if known)\_

TAMARA A KUNA

Middle Name

Last Name

Debtor 1

| ithin 1 year before you filed for bankruptcy, of siders include your relatives; any general partner or porations of which you are an officer, director, gent, including one for a business you operate a luch as child support and alimony. | ers; relatives of any of person in control, or   | general partners; p<br>owner of 20% or r | artnerships of which<br>more of their voting | n you are a general partner;<br>securities; and any managing |
|---|--|--|--|--|
| No  |  |  |  |  |
| Yes. List all payments to an insider.   | Dates of   | Total amount                             | Amount you still                             | Reason for this payment                                      |
|   | payment  | paid                                     | owe  | reason for this payment                                      |
|   |  | \$                                       | \$   |  |
| Insider's Name  |  | *  |  |  |
| Number Street   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| City State ZIP Code   |  |  |  |  |
|   |  |  | •  |  |
| Insider's Name  |  | \$                                       | \$   |  |
| Number Street   |  |  |  |  |
| Number Street   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
| City State ZIP Code   |  | avments or transf                        | er any property on                           | account of a debt that benefited                             |
| City State ZIP Code  ithin 1 year before you filed for bankruptcy, d in insider?  clude payments on debts guaranteed or cosigned  No  Yes. List all payments that benefited an inside   | id you make any paged by an insider.  r.  Dates of   | Total amount                             | Amount you still                             | account of a debt that benefited  Reason for this payment    |
| ithin 1 year before you filed for bankruptcy, doninsider? clude payments on debts guaranteed or cosigned.   | id you make any pa<br>ed by an insider.<br>r.  |  |  |  |
| ithin 1 year before you filed for bankruptcy, doninsider? clude payments on debts guaranteed or cosigned.   | id you make any paged by an insider.  r.  Dates of   | Total amount                             | Amount you still                             | Reason for this payment                                      |
| ithin 1 year before you filed for bankruptcy, don insider? Clude payments on debts guaranteed or cosigned  No Yes. List all payments that benefited an inside   | id you make any paged by an insider.  r.  Dates of   | Total amount paid                        | Amount you still owe                         | Reason for this payment                                      |
| ithin 1 year before you filed for bankruptcy, do insider? clude payments on debts guaranteed or cosigned. No Yes. List all payments that benefited an inside  | id you make any paged by an insider.  r.  Dates of   | Total amount paid                        | Amount you still owe                         | Reason for this payment                                      |
| ithin 1 year before you filed for bankruptcy, do insider? clude payments on debts guaranteed or cosigned. No Yes. List all payments that benefited an inside  | id you make any paged by an insider.  r.  Dates of   | Total amount paid                        | Amount you still owe                         | Reason for this payment                                      |
| ithin 1 year before you filed for bankruptcy, do insider? clude payments on debts guaranteed or cosigned. No Yes. List all payments that benefited an inside  | id you make any paged by an insider.  The page of payment and page of payment and page of payment and page of payment and page of page | Total amount paid                        | Amount you still owe                         | Reason for this payment                                      |
| ithin 1 year before you filed for bankruptcy, do insider? clude payments on debts guaranteed or cosigned. No Yes. List all payments that benefited an inside.  Insider's Name.  | id you make any paged by an insider.  The page of payment and page of payment and page of payment and page of payment and page of page | Total amount paid                        | Amount you still owe                         | Reason for this payment                                      |
| ithin 1 year before you filed for bankruptcy, do insider?  clude payments on debts guaranteed or cosigned.  No  Yes. List all payments that benefited an inside.  Insider's Name.  Number Street.  City State ZIP Code.                     | id you make any paged by an insider.  The page of payment and page of payment and page of payment and page of payment and page of page | Total amount paid                        | Amount you still owe                         | Reason for this payment                                      |
| ithin 1 year before you filed for bankruptcy, do insider? clude payments on debts guaranteed or cosigned. No Yes. List all payments that benefited an inside.  Insider's Name.  | id you make any paged by an insider.  The page of payment and page of payment and page of payment and page of payment and page of page | Total amount paid                        | Amount you still owe                         | Reason for this payment                                      |
| ithin 1 year before you filed for bankruptcy, do insider?  clude payments on debts guaranteed or cosigned.  No  Yes. List all payments that benefited an inside.  Insider's Name.  Number Street.  City State ZIP Code.                     | id you make any paged by an insider.  The page of payment and page of payment and page of payment and page of payment and page of page | Total amount paid                        | Amount you still owe                         | Reason for this payment                                      |

City

ZIP Code

State

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TAMARA A KUNA

| Debtor 1 | IAWAR      | A A KUNA    |           | Case number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

| List all such matters, including personal injur<br>and contract disputes.  | -                  |  | uit, court action, or a rces, collection suits,                |         |                  | -                                   |
|--|--------------------|--|--|---------|------------------|-------------------------------------|
| ☐ No   |                    |  |  |         |                  |                                     |
| Yes. Fill in the details.  |                    |  |  |         |                  |                                     |
|  |                    | f the case   | Court or agency  |         |                  | Status of the case                  |
| Case title: MIDLAND FUNDING V TAMARA KUNA  | 10/01/20           | TIONS; Date filed:<br>13   | DUPAGE COUN  | NTY COU | IRT              | - Pending                           |
|  |                    |  | Court Name 505 N COUNTY  | FARM R  | .D               | On appeal                           |
|  |                    |  | Number Street  |         |                  | Concluded                           |
|  |                    |  | WHEATON  | IL      | 60187            |                                     |
| Case number 2013SR001903   |                    |  | City   | State   | ZIP Code         | _                                   |
| PORTFOLIO RECOVERY V<br>TAMARA KUNA  | COLLEC<br>09/04/20 | TIONS; Date filed:<br>12   | DUPAGE COUN  | NTY COU | IRT              | - ☑ Pending                         |
| Case title:  |                    |  | Court Name 505 N COUNTY  | FARM R  | lD               | On appeal                           |
|  |                    |  | Number Street  |         |                  | Concluded                           |
|  |                    |  | WHEATION   | IL      | 60183            | _                                   |
| Case number 2012SC005327   |                    |  | City   | State   | ZIP Code         |                                     |
| <ul><li>☑ No. Go to line 11.</li><li>☑ Yes. Fill in the information below.</li></ul>   |                    |  |  |         |                  |                                     |
|  |                    | Describe the property mortgage forclosure  |  |         | Date             | Value of the property               |
| Yes. Fill in the information below.  WELLS FARGO HOME MORTGA   | .GE                |  |  |         | Date 11/22/2010  | Value of the property \$ 220,000.00 |
| Yes. Fill in the information below.  WELLS FARGO HOME MORTGA  Creditor's Name  | .GE                |  |  |         |                  |                                     |
| Yes. Fill in the information below.  WELLS FARGO HOME MORTGA   | .GE                |  | d  |         |                  |                                     |
| Yes. Fill in the information below.  WELLS FARGO HOME MORTGA  Creditor's Name  PO BOX 10335  | GE                 | mortgage forclosure  Explain what happened   |  |         |                  |                                     |
| Yes. Fill in the information below.  WELLS FARGO HOME MORTGA  Creditor's Name  PO BOX 10335  | .GE                | Explain what happened Property was rep   | oossessed.   |         |                  |                                     |
| WELLS FARGO HOME MORTGA Creditor's Name PO BOX 10335 Number Street   |                    | Explain what happened Property was rep Property was for  | oossessed.<br>eclosed.   |         |                  |                                     |
| Yes. Fill in the information below.  WELLS FARGO HOME MORTGA Creditor's Name PO BOX 10335 Number Street  DES MOINES IA 503   | 306                | Explain what happened Property was rep Property was for Property was ga  | possessed.<br>eclosed.<br>rnished.                             | ed.     |                  |                                     |
| WELLS FARGO HOME MORTGA Creditor's Name PO BOX 10335 Number Street  DES MOINES IA 503  |                    | Explain what happened Property was rep Property was for Property was ga Property was att   | oossessed.<br>eclosed.   | ed.     | 11/22/2010       | \$                                  |
| WELLS FARGO HOME MORTGA Creditor's Name PO BOX 10335 Number Street  DES MOINES IA 503  | 306                | Explain what happened Property was rep Property was for Property was ga Property was att  Describe the property  | possessed.<br>eclosed.<br>rnished.                             | ed.     |                  |                                     |
| WELLS FARGO HOME MORTGA Creditor's Name PO BOX 10335 Number Street  DES MOINES IA 503 City State ZIP 6   | 306<br>Code        | Explain what happened Property was rep Property was for Property was ga Property was att   | possessed.<br>eclosed.<br>rnished.                             | ed.     | 11/22/2010  Date | \$                                  |
| WELLS FARGO HOME MORTGA Creditor's Name PO BOX 10335 Number Street  DES MOINES IA 503  | 306<br>Code        | Explain what happened Property was rep Property was for Property was ga Property was att  Describe the property  | possessed.<br>eclosed.<br>rnished.                             | ed.     | 11/22/2010       | \$                                  |
| WELLS FARGO HOME MORTGA  Creditor's Name  PO BOX 10335  Number Street  DES MOINES IA 503  City State ZIP to Creditor's Name  | 306<br>Code        | Explain what happened Property was rep Property was for Property was ga Property was att  Describe the property  | possessed.<br>eclosed.<br>rnished.                             | ed.     | 11/22/2010  Date | \$                                  |
| WELLS FARGO HOME MORTGA  Creditor's Name  PO BOX 10335  Number Street  DES MOINES IA 503  City State ZIP 6   | 306<br>Code        | Explain what happened Property was rep Property was for Property was ga Property was att Describe the property COLLECTIONS   | possessed.<br>reclosed.<br>rnished.<br>ached, seized, or levid | ed.     | 11/22/2010  Date | \$                                  |
| WELLS FARGO HOME MORTGA Creditor's Name PO BOX 10335 Number Street  DES MOINES IA 503 City State ZIP of State | 306<br>Code        | Explain what happened Property was rep Property was for Property was ga Property was att Describe the property COLLECTIONS  Explain what happened  | possessed. reclosed. rnished. ached, seized, or levid          | ed.     | 11/22/2010  Date | \$                                  |
| WELLS FARGO HOME MORTGA Creditor's Name PO BOX 10335 Number Street  DES MOINES IA 503 City State ZIP of Creditor's Name  ASSET ACCEPTANCE/KEVIN MCC Creditor's Name 1821 WALDEN OFF SQ   | 306<br>Code        | Explain what happened Property was rep Property was for Property was ga Property was att Describe the property COLLECTIONS  Explain what happened Property was rep                                     | possessed. reclosed. rnished. ached, seized, or levided. d     | ed.     | 11/22/2010  Date | \$                                  |
| WELLS FARGO HOME MORTGA Creditor's Name PO BOX 10335 Number Street  DES MOINES IA 503 City State ZIP of State | 306<br>Code        | Explain what happened Property was rep Property was for Property was att Property was att  Describe the property  COLLECTIONS  Explain what happened Property was rep Property was for                 | d  possessed.  possessed.  possessed.  possessed.  possessed.  | ed.     | 11/22/2010  Date | \$                                  |
| WELLS FARGO HOME MORTGA Creditor's Name PO BOX 10335 Number Street  DES MOINES IA 503 City State ZIP of State | 306<br>Code        | Explain what happened Property was rep Property was for Property was att Property was att  Describe the property  COLLECTIONS  Explain what happened Property was for Property was for Property was ga | d  possessed.  possessed.  possessed.  possessed.  possessed.  |         | 11/22/2010  Date | \$                                  |

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| Debtor 1 | TAMARA A   | KUNA        |           | Case number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

| No   |   |                                 |               |
|--|---|---------------------------------|---------------|
| Yes. Fill in the details.  |   |                                 |               |
|  | Describe the action the creditor took               | Date action                     | Amount        |
|  |   | was taken                       |               |
| Creditor's Name  |   |                                 |               |
| Number Street  |   |                                 | \$            |
| vuinder Street   |   |                                 |               |
|  |   |                                 |               |
| City State ZIP Code  | Last 4 digits of account number: XXXX–              |                                 |               |
|  | <b>3</b>  |                                 |               |
|  | cy, was any of your property in the possession of   | f an assignee for the benefit o | of            |
| ditors, a court-appointed receiver, a cus  | stodian, or another official?                       |                                 |               |
| No<br>Maria  |   |                                 |               |
| Yes  |   |                                 |               |
| List Certain Gifts and Contribut   | tions   |                                 |               |
|  |   |                                 |               |
| in 2 years before you filed for bankrupt   | cy, did you give any gifts with a total value of mo | ore than \$600 per person?      |               |
| No   |   |                                 |               |
| Yes. Fill in the details for each gift.  |   |                                 |               |
|  |   |                                 |               |
| Gifts with a total value of more than \$600  | - 11 41 164   |                                 |               |
|  | Describe the gifts                                  | Dates you gave the gifts        | Value         |
| per person   | Describe the gifts                                  | Dates you gave the gifts        | Value         |
|  | Describe the gifts                                  |                                 |               |
|  | Describe the gifts                                  |                                 | Value         |
| per person   | Describe the gifts                                  |                                 |               |
| per person   | Describe the gifts                                  |                                 |               |
| per person   | Describe the gifts                                  |                                 |               |
| per person  Person to Whom You Gave the Gift   | Describe the gifts                                  |                                 |               |
| per person  Person to Whom You Gave the Gift   | Describe the gifts                                  |                                 |               |
| Person to Whom You Gave the Gift  Number Street  City State ZIP Code   | Describe the gifts                                  |                                 |               |
| Person to Whom You Gave the Gift  Number Street  | Describe the gifts                                  |                                 |               |
| Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600  | Describe the gifts  Describe the gifts              | Dates you gave                  |               |
| Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600  |   | the gifts                       | \$<br>\$      |
| Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600  |   | Dates you gave                  | \$\$<br>Value |
| Person to Whom You Gave the Gift  Number Street  City State ZIP Code   |   | Dates you gave                  | \$<br>\$      |
| Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                   |   | Dates you gave                  | \$            |
| Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                   |   | Dates you gave                  | \$\$<br>Value |
| Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift |   | Dates you gave                  | \$            |
| Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                   |   | Dates you gave                  | \$            |
| Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift |   | Dates you gave                  | \$            |

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| tor 1       | TAMARA A KUNA  | Case number (if known)  |                                   |                        |
|-------------|--|---|-----------------------------------|------------------------|
|             | First Name Middle Name Las   | t Name  |                                   |                        |
|             |  |   |                                   |                        |
| Nithir      | n 2 years before you filed for bankrur   | otcy, did you give any gifts or contributions with a total value  | of more than \$600                | to any charity?        |
| ✓ N         |  | noy, and you give any gires of contributions with a total value   | or more than \$000                | to any charity:        |
|             | o<br>es. Fill in the details for each gift or con                                  | tribution   |                                   |                        |
|             | cs. I ill ill the details for each gift of con                                     | unbutton.   |                                   |                        |
|             | Gifts or contributions to charities that total more than \$600                     | Describe what you contributed   | Date you contributed              | Value                  |
| ,           | mat total more than \$600  |   | Contributed                       |                        |
|             |  |   |                                   |                        |
| Ch          | narity's Name  |   |                                   | \$                     |
|             | •  |   |                                   |                        |
| _           |  |   |                                   | \$                     |
|             |  |   |                                   |                        |
| Nu          | umber Street   |   |                                   |                        |
|             |  |   |                                   |                        |
| Cit         | ty State ZIP Code  |   |                                   |                        |
|             |  |   |                                   |                        |
|             |  |   |                                   |                        |
| 6:          | List Certain Losses  |   |                                   |                        |
| I           | es. Fill in the details.  Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property lost |
|             |  | dame of the cool constant step. Tropolly.   |                                   | \$                     |
|             |  |   |                                   | ·                      |
|             |  |   |                                   |                        |
| 7:          | List Certain Payments or Tran  | sfers   |                                   |                        |
|             | -  |   |                                   |                        |
|             | ulted about seeking bankruptcy or pr   | tcy, did you or anyone else acting on your behalf pay or trans<br>reparing a bankruptcy petition?   | sier any property to              | anyone you             |
|             |  | eparers, or credit counseling agencies for services required in yo  | our bankruptcy.                   |                        |
| N           | 0  |   |                                   |                        |
| <b>T</b> Y6 | es. Fill in the details.   |   |                                   |                        |
|             |  | Description and value of any property transferred   | Date payment or transfer was made | Amount of payme        |
| F           | Person Who Was Paid  |   |                                   |                        |
| -           | Number Ctreet  |   |                                   | \$                     |
| ١           | Number Street  |   |                                   | ₹                      |
| _           |  |   |                                   | \$                     |
|             |  |   |                                   | т                      |
| 0           | City State ZIP Code  |   |                                   |                        |
|             |  |   |                                   |                        |
| E           | Email or website address   |   |                                   |                        |
| -           | Person Who Made the Payment if Not You   |   |                                   |                        |

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Debtor 1 TAMARA A KUNA Case number (if known)

Middle Name

Last Name

|  | Description and value of any property tr  |  | transfer was made                 | payment         |
|--|---|--|-----------------------------------|-----------------|
| Person Who Was Paid  |   |  |                                   | \$              |
| Number Street  |   |  |                                   | Ψ               |
|  |   |  |                                   | \$              |
| City State ZIP Code  |   |  |                                   |                 |
|  |   |  |                                   |                 |
| Email or website address   | -   |  |                                   |                 |
| Person Who Made the Payment, if Not You  |   |  |                                   |                 |
| not include any payment or transfer that you not include any payme | ou listed on line 16.   |  |                                   |                 |
|  | Description and value of any property tr  | ransferred   | Date payment or transfer was made | Amount of payme |
| Person Who Was Paid  |   |  |                                   | \$              |
| Number Street  |   |  |                                   | 1               |
|  |   |  |                                   | \$              |
| City State ZIP Code  |   |  |                                   |                 |
| thin 2 years before you filed for bankrup  |   |  |                                   |                 |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your blude both outright transfers and transfers not include gifts and transfers that you have No  Yes. Fill in the details.  | made as security (such as the granting of   | f a security interest or m  Describe any property or debts paid in excha | or payments received              |                 |
| nsferred in the ordinary course of your k<br>lude both outright transfers and transfers n<br>not include gifts and transfers that you hav<br>No  | made as security (such as the granting of we already listed on this statement.  Description and value of property | Describe any property  | or payments received              | Date transfer   |
| nsferred in the ordinary course of your blude both outright transfers and transfers in not include gifts and transfers that you have No Yes. Fill in the details.  | made as security (such as the granting of we already listed on this statement.  Description and value of property | Describe any property  | or payments received              | Date transfer   |
| nsferred in the ordinary course of your blude both outright transfers and transfers in not include gifts and transfers that you have No  Yes. Fill in the details.  Person Who Received Transfer   | made as security (such as the granting of we already listed on this statement.  Description and value of property | Describe any property  | or payments received              | Date transfer   |
| nsferred in the ordinary course of your blude both outright transfers and transfers in not include gifts and transfers that you have No  Yes. Fill in the details.  Person Who Received Transfer  Number Street  | made as security (such as the granting of we already listed on this statement.  Description and value of property | Describe any property  | or payments received              | Date transfer   |
| Insferred in the ordinary course of your be lude both outright transfers and transfers in not include gifts and transfers that you have No  Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  | made as security (such as the granting of we already listed on this statement.  Description and value of property | Describe any property  | or payments received              | Date transfer   |
| nsferred in the ordinary course of your k lude both outright transfers and transfers in not include gifts and transfers that you have No Yes. Fill in the details.  Person Who Received Transfer  Number Street  City State ZIP Code  Person's relationship to you   | made as security (such as the granting of we already listed on this statement.  Description and value of property | Describe any property  | or payments received              | Date transfer   |
| Person Who Received Transfer  City State ZIP Code  Person Who Received Transfer  Person Who Received Transfer  | made as security (such as the granting of we already listed on this statement.  Description and value of property | Describe any property  | or payments received              | Date transfer   |

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TAMARA A KUNA Debtor 1 Middle Name Last Name 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) ✓ No ☐ Yes. Fill in the details. Date transfer Description and value of the property transferred was made Name of trust Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. ✓ No ☐ Yes. Fill in the details. Last 4 digits of account number Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer or transferred Name of Financial Institution Checking XXXX-Savings Number Street Money market Brokerage City State ZIP Code Checking XXXX-Name of Financial Institution Savings Money market Number Street Brokerage Other City State ZIP Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? ✓ No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Yes Name of Financial Institution Name Number Street Number Street

City

ZIP Code

City

State

ZIP Code

State

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Case number (if known)\_

TAMARA A KUNA

Debtor 1

| ✓ No ✓ Yes. Fill in the details.   |   |   |                                      |
|--|---|---|--------------------------------------|
|  | Who else has or had access to it?           | Describe the contents   | Do you st have it?                   |
|  |   |   | □No                                  |
| Name of Storage Facility   | Name  |   | Yes                                  |
| Number Street  | Number Street                               |   |                                      |
|  | CityState ZIP Code                          |   |                                      |
| City State ZII   | P Code                                      |   |                                      |
| d A Libert Co. Brown and a Mar   |   |   |                                      |
|  | u Hold or Control for Someone Else          |   |                                      |
| Do you hold or control any propert<br>or hold in trust for someone.  | ty that someone else owns? Include any prop | erty you borrowed from, are storing fo  | or,                                  |
| No   |   |   |                                      |
| Yes. Fill in the details.  |   |   |                                      |
|  | Where is the property?                      | Describe the property   | Value                                |
|  |   |   |                                      |
| Owner's Name   |   |   | \$                                   |
|  |   |   | Ψ                                    |
|  |   |   |                                      |
| Number Street  | Number Street                               |   |                                      |
| Number Street  | Number Street                               |   |                                      |
| Number Street  |   |   |                                      |
|  | Number Street  City State ZIP Co            | de  |                                      |
| City State ZI  | City State ZIP Co                           | de .  |                                      |
| City State ZI Tt 10: Give Details About E  | P Code City State ZIP Co                    | de  |                                      |
| city State Zi  rt 10: Give Details About E  the purpose of Part 10, the follow   | P Code City State ZIP Co                    |   |                                      |
| city State Zi  It 10: Give Details About E  the purpose of Part 10, the follow  Environmental law means any fede   | P Code City State ZIP Co                    | rning pollution, contamination, releas  |                                      |
| rt 10: Give Details About E  the purpose of Part 10, the follow  Environmental law means any federal details and the second seco | City State ZIP Co                           | rning pollution, contamination, releas<br>ce water, groundwater, or other mediu   |                                      |
| City State Zinct 10: Give Details About Extremely the purpose of Part 10, the follow Environmental law means any federal fazardous or toxic substances, we including statutes or regulations of  | City State ZIP Co                           | erning pollution, contamination, releas<br>ce water, groundwater, or other medit<br>vastes, or material.  | ım,                                  |
| city State Zil  Tt 10: Give Details About E  The purpose of Part 10, the follow  Environmental law means any fede hazardous or toxic substances, we including statutes or regulations of the statutes of the s | City State ZIP Co                           | erning pollution, contamination, releas<br>ce water, groundwater, or other medit<br>vastes, or material.  | ım,                                  |
| City State ZI  Tt 10: Give Details About E  the purpose of Part 10, the follow  Environmental law means any fede hazardous or toxic substances, we including statutes or regulations of  Site means any location, facility, o it or used to own, operate, or utiliz  | City State ZIP Co                           | erning pollution, contamination, releas<br>ce water, groundwater, or other medit<br>vastes, or material.<br>Il law, whether you now own, operate,   | um,<br>or utilize                    |
| City State Zi  Tt 10: Give Details About E  the purpose of Part 10, the follow  Environmental law means any federal details and the state of the sta | City State ZIP Co                           | erning pollution, contamination, releas<br>ce water, groundwater, or other medit<br>vastes, or material.<br>Il law, whether you now own, operate,   | um,<br>or utilize                    |
| City State Zil  t 10: Give Details About E  the purpose of Part 10, the follow Environmental law means any federate according to the control of the control  | City State ZIP Co                           | erning pollution, contamination, releas<br>ce water, groundwater, or other medit<br>vastes, or material.<br>Il law, whether you now own, operate,<br>us waste, hazardous substance, toxic   | um,<br>or utilize                    |
| City State Zil  the purpose of Part 10, the follow  Environmental law means any federazardous or toxic substances, we including statutes or regulations of the company of t | City State ZIP Co                           | erning pollution, contamination, releas<br>ce water, groundwater, or other medit<br>vastes, or material.<br>Il law, whether you now own, operate,<br>us waste, hazardous substance, toxic   | um,<br>or utilize                    |
| city State Zil  It 10: Give Details About E  It the purpose of Part 10, the follow  Environmental law means any fede hazardous or toxic substances, we including statutes or regulations of  Site means any location, facility, o it or used to own, operate, or utiliz  Hazardous material means anythin substance, hazardous material, po port all notices, releases, and processor  | City State ZIP Co                           | erning pollution, contamination, releas<br>ce water, groundwater, or other medit<br>vastes, or material.<br>Il law, whether you now own, operate,<br>us waste, hazardous substance, toxic<br>then they occurred.                      | um,<br>or utilize                    |
| City State Zil  the purpose of Part 10, the follow  Environmental law means any fedentazardous or toxic substances, we including statutes or regulations of the control of  | City State ZIP Co                           | erning pollution, contamination, releas<br>ce water, groundwater, or other medit<br>vastes, or material.<br>Il law, whether you now own, operate,<br>us waste, hazardous substance, toxic<br>then they occurred.                      | um,<br>or utilize                    |
| City State Zil  t 10: Give Details About E  the purpose of Part 10, the follow Environmental law means any federazardous or toxic substances, we necluding statutes or regulations of the means any location, facility, of tor used to own, operate, or utilized according to the control of the co | City State ZIP Co                           | erning pollution, contamination, releas<br>ce water, groundwater, or other medit<br>vastes, or material.<br>Il law, whether you now own, operate,<br>us waste, hazardous substance, toxic<br>then they occurred.                      | um,<br>or utilize                    |
| City State Zil  t 10: Give Details About E  the purpose of Part 10, the follow Environmental law means any federazardous or toxic substances, we including statutes or regulations of tor used to own, operate, or utilized Hazardous material means anything substance, hazardous material, potential notices, releases, and proceeds any governmental unit notified  | City State ZIP Co                           | erning pollution, contamination, releas<br>ce water, groundwater, or other medit<br>vastes, or material.<br>Il law, whether you now own, operate,<br>us waste, hazardous substance, toxic<br>then they occurred.                      | um,<br>or utilize                    |
| City State Zil  t 10: Give Details About E  the purpose of Part 10, the follow Environmental law means any federazardous or toxic substances, we necluding statutes or regulations of the state of the s | City State ZIP Co                           | erning pollution, contamination, releas<br>ce water, groundwater, or other medit<br>vastes, or material.<br>Il law, whether you now own, operate,<br>us waste, hazardous substance, toxic<br>then they occurred.                      | um,<br>or utilize                    |
| City State Zil  The The Details About E  The purpose of Part 10, the follow Environmental law means any federal means any federal means any federal means any location, facility, or it or used to own, operate, or utilized Hazardous material means anything substance, hazardous material, por ort all notices, releases, and proceed as any governmental unit notified to No   | City State ZIP Co                           | erning pollution, contamination, release water, groundwater, or other medicates, or material.  Il law, whether you now own, operate, us waste, hazardous substance, toxic then they occurred.  e under or in violation of an environm | um,<br>or utilize<br>:<br>ental law? |
| City State ZI  the purpose of Part 10, the follow Environmental law means any federate and the follow of the follo | city State ZIP Co                           | erning pollution, contamination, release water, groundwater, or other medicates, or material.  Il law, whether you now own, operate, us waste, hazardous substance, toxic then they occurred.  e under or in violation of an environm | um,<br>or utilize<br>:<br>ental law? |
| City State Zil  The The Details About E  The purpose of Part 10, the follow Environmental law means any federal means any federal means any federal means any location, facility, or it or used to own, operate, or utilized Hazardous material means anything substance, hazardous material, por ort all notices, releases, and proceed as any governmental unit notified to No   | City State ZIP Co                           | erning pollution, contamination, release water, groundwater, or other medicates, or material.  Il law, whether you now own, operate, us waste, hazardous substance, toxic then they occurred.  e under or in violation of an environm | um,<br>or utilize<br>:<br>ental law? |
| t 10: Give Details About E the purpose of Part 10, the follow Environmental law means any federazardous or toxic substances, we including statutes or regulations of tor used to own, operate, or utilized Hazardous material means anythir substance, hazardous material, por increased and proceed as any governmental unit notified No  Yes. Fill in the details.   | city State ZIP Co                           | erning pollution, contamination, release water, groundwater, or other medicates, or material.  Il law, whether you now own, operate, us waste, hazardous substance, toxic then they occurred.  e under or in violation of an environm | um,<br>or utilize<br>:<br>ental law? |

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| i. Have you notified any governmental | unit of any release of hazardous ma                                       | iterial?  |                                       |
|---------------------------------------|---|---|---------------------------------------|
| ☑ No                                  |   |   |                                       |
| Yes. Fill in the details.             | Governmental unit   | Environmental law, if you know it   | Date of notice                        |
|                                       |   | , ,   |                                       |
| Name of site                          | Governmental unit   |   |                                       |
| Number Street                         | Number Street   |   |                                       |
|                                       |   |   |                                       |
|                                       | City State ZIP Co   | de  |                                       |
| City State ZIP                        | Code  |   |                                       |
| Have you been a party in any judicia  | I or administrative proceeding unde                                       | r any environmental law? Include settlemen  | ts and orders.                        |
| ☑ No                                  |   |   |                                       |
| Yes. Fill in the details.             |   |   | Status of the                         |
|                                       | Court or agency   | Nature of the case  | case                                  |
| Case title                            | Court Name  |   | ☐ Pending                             |
|                                       | Court Name  |   | On appeal                             |
|                                       | Number Street   |   | Concluded                             |
| Case number                           | City State Z  | IP Code   |                                       |
|                                       | ·   |   |                                       |
|                                       | ur Business or Connections to   | -   |                                       |
|                                       |   | or have any of the following connections to<br>ar activity, either full-time or part-time | any business?                         |
|                                       | y company (LLC) or limited liability                                      | partnership (LLP)   |                                       |
| ☐ A partner in a partnership          | ging executive of a corporation   |   |                                       |
|                                       | ging executive of a corporation<br>ie voting or equity securities of a co | rporation   |                                       |
| ✓ No. None of the above applies. C    |   | polation  |                                       |
|                                       | and fill in the details below for each                                    | business.   |                                       |
|                                       | Describe the nature of the bu   |   | on number<br>Security number or ITIN. |
| Business Name                         |   |   | ·                                     |
| Number Street                         |   | EIN:  |                                       |
|                                       |   | Dates business existe   | ed                                    |
|                                       | Name of accountant or bookk   | reeper From   | То                                    |
| City State ZIP                        | Code  |   |                                       |
|                                       | Describe the nature of the bu   | • •   | on number<br>Security number or ITIN. |
| Business Name                         |   |   |                                       |
| Number Street                         |   |   |                                       |
|                                       |   | Dates business existe   | ed                                    |
|                                       | Name of accountant or bookk   | eeper From  | То                                    |
| City State 7ID                        | Codo  |   |                                       |

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| r <b>1</b>                  |  | Cas   | e number (if known)   |  |  |
|-----------------------------|--|---|---|--|--|
|                             | First Name Middle Name Last N  |   |   |  |  |
|                             |  |   |   |  |  |
|                             |  | Describe the nature of the business   | Employer Identification number  |  |  |
|                             |  | Describe the nature of the business   | Do not include Social Security number or ITIN.  |  |  |
|                             | Business Name  |   | -   |  |  |
|                             |  |   | EIN:  |  |  |
|                             | Number Street  |   | Dates business suisted  |  |  |
|                             |  |   | Dates business existed  |  |  |
|                             |  |   |   |  |  |
|                             |  | Name of accountant or bookkeeper  | From To   |  |  |
|                             | City State ZIP Code  |   |   |  |  |
|                             |  |   |   |  |  |
| nst<br>¬                    | nin 2 years before you filed for bankrupt<br>itutions, creditors, or other parties.<br>No  | cy, did you give a financial statement to an  | yone about your business? Include all financial   |  |  |
| =                           | Yes. Fill in the details below.  |   |   |  |  |
| _                           |  |   |   |  |  |
|                             |  | Date issued   |   |  |  |
|                             |  |   |   |  |  |
|                             | Name   |   |   |  |  |
|                             | Name   | MM / DD / YYYY  |   |  |  |
|                             |  |   |   |  |  |
|                             | Number Street  |   |   |  |  |
|                             |  |   |   |  |  |
|                             |  |   |   |  |  |
|                             |  |   |   |  |  |
|                             | City State 7IB Code  |   |   |  |  |
|                             | City State ZIP Code  |   |   |  |  |
|                             | City State ZIP Code  |   |   |  |  |
|                             | City State ZIP Code  |   |   |  |  |
|                             |  |   |   |  |  |
| : 1                         |  |   |   |  |  |
|                             | 2: Sign Below  | of Financial Affairs and any attachments  | and I declare under penalty of perjury that the   |  |  |
| l ha                        | 2: Sign Below ave read the answers on this Statementswers are true and correct. I understand   |   | and I declare under penalty of perjury that the property, or obtaining money or property by fraud nent for up to 20 years, or both. |  |  |
| I ha                        | 2: Sign Below  ave read the answers on this Statementswers are true and correct. I understand connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.   | d that making a false statement, concealing   | property, or obtaining money or property by fraud   |  |  |
| l ha                        | 2: Sign Below  ave read the answers on this Statements swers are true and correct. I understand connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.   | that making a false statement, concealing result in fines up to \$250,000, or imprisonn   | property, or obtaining money or property by fraud   |  |  |
| l ha                        | 2: Sign Below  ave read the answers on this Statementswers are true and correct. I understand connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.   | d that making a false statement, concealing<br>result in fines up to \$250,000, or imprisonn  | property, or obtaining money or property by fraud   |  |  |
| l ha                        | 2: Sign Below  ave read the answers on this Statements swers are true and correct. I understant connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ TAMARA A KUNA Signature of Debtor 1  | that making a false statement, concealing result in fines up to \$250,000, or imprisonnt to \$250,000 and the statement of Debtor 2                                   | property, or obtaining money or property by fraud   |  |  |
| I ha<br>and<br>in 18        | ave read the answers on this <i>Statement</i> swers are true and correct. I understand connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ TAMARA A KUNA Signature of Debtor 1  Date 04/18/2017  | that making a false statement, concealing result in fines up to \$250,000, or imprisonnts  Signature of Debtor 2  Date  | property, or obtaining money or property by fraud nent for up to 20 years, or both.   |  |  |
| I ha<br>and<br>in 18        | ave read the answers on this <i>Statement</i> swers are true and correct. I understand connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ TAMARA A KUNA Signature of Debtor 1  Date 04/18/2017  | that making a false statement, concealing result in fines up to \$250,000, or imprisonnt to \$250,000 and the statement of Debtor 2                                   | property, or obtaining money or property by fraud<br>nent for up to 20 years, or both.  |  |  |
| I ha<br>and<br>in 18        | ave read the answers on this <i>Statement</i> swers are true and correct. I understand connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ TAMARA A KUNA Signature of Debtor 1  Date 04/18/2017 d you attach additional pages to <i>Your S</i> | that making a false statement, concealing result in fines up to \$250,000, or imprisonnts  Signature of Debtor 2  Date  | property, or obtaining money or property by fraud<br>nent for up to 20 years, or both.  |  |  |
| I ha<br>and<br>in a<br>18   | ave read the answers on this Statements wers are true and correct. I understand connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ TAMARA A KUNA Signature of Debtor 1  Date 04/18/2017 d you attach additional pages to Your Signature.      | that making a false statement, concealing result in fines up to \$250,000, or imprisonnts  Signature of Debtor 2  Date  | property, or obtaining money or property by fraud<br>nent for up to 20 years, or both.  |  |  |
| and in 18                   | ave read the answers on this Statements wers are true and correct. I understand connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ TAMARA A KUNA Signature of Debtor 1  Date 04/18/2017 d you attach additional pages to Your Signature.      | that making a false statement, concealing result in fines up to \$250,000, or imprisonnts  Signature of Debtor 2  Date  | property, or obtaining money or property by fraud<br>nent for up to 20 years, or both.  |  |  |
| I ha<br>and<br>in 18        | ave read the answers on this Statements wers are true and correct. I understand connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ TAMARA A KUNA Signature of Debtor 1  Date 04/18/2017 d you attach additional pages to Your Signature.      | that making a false statement, concealing result in fines up to \$250,000, or imprisonnts  Signature of Debtor 2  Date  | property, or obtaining money or property by fraud nent for up to 20 years, or both.   |  |  |
| Dice                        | ave read the answers on this Statements wers are true and correct. I understand connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ TAMARA A KUNA Signature of Debtor 1  Date 04/18/2017 d you attach additional pages to Your S  No Yes       | that making a false statement, concealing result in fines up to \$250,000, or imprisonnts  Signature of Debtor 2  Date  | property, or obtaining money or property by fraud nent for up to 20 years, or both.  Filing for Bankruptcy (Official Form 107)?     |  |  |
| I ha<br>and<br>in and<br>18 | ave read the answers on this Statements wers are true and correct. I understand connection with a bankruptcy case can U.S.C. §§ 152, 1341, 1519, and 3571.  /s/ TAMARA A KUNA Signature of Debtor 1  Date 04/18/2017 d you attach additional pages to Your S  No Yes       | that making a false statement, concealing result in fines up to \$250,000, or imprisonnt    Signature of Debtor 2  Date tatement of Financial Affairs for Individuals | property, or obtaining money or property by fraud nent for up to 20 years, or both.  Filing for Bankruptcy (Official Form 107)?     |  |  |

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Case number (if known)

Debtor 1 First Name Middle Name Last Name

9

#### **Continuation Sheet for Official Form 107**

9) Lawsuits

Case Title: MIDLAND FUNDING V TAMARA KUNA

Case Number: 2013SR000796

Court Name: DUPAGE COUNTY COURT

Court Address: 505 N COUNTY FARM RD, WHEATON, IL 60187

Case Status: Concluded

Nature of the case: COLLECTIONS; Date filed: 04/22/2013

-----

Case Title: HSBC BANK USA v. TAMARA A KUNA

Case Number: 2010CH006618

Court Name: DUPAGE COUNTY COURT

Court Address: 505 N COUNTY FARM RD, WHEATON, IL 60187

Case Status: Concluded

Nature of the case: MORTGAGE FORECLOSURE; Date filed: 11/22/2010

-----

Case Title: MIDLAND FUNDING LLC V. TAMARA KUNA

Case Number: 2014 SR 001139

Court Name: DUPAGE COUNTY

Court Address: 505 N COUNTY FARM RD, WHEATON, IL 60187

Case Status: Concluded

Nature of the case: COLLECTION; Date filed: 06/23/2014

-----

Case Title: ASSET ACCEPTANCE LLC LLC FIA CARD SER

Case Number: 2012 SR 002363

Court Name: 18TH JUDICIAL CIRCUIT

Court Address: 505 N COUNTY FARM ROAD, WHEATON, IL 60187

Case Status: Pending

Nature of the case: COLLECTIONS; Date filed: 01/16/2017

-----

Case Title: HABC BANK USA NATL ASSOCIATION V. KUNA

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Debtor 1 First Name Middle Name Last Name

**Continuation Sheet for Official Form 107** 

Case Number: 2010CH006618

Court Name: DuPage County Circuit Court

Court Address: 505 N County Farm Rd, Wheaton, IL 60187

Case Status: Concluded

Nature of the case: Foreclosure: mortgage forclosure; Date filed: 11/22/2010

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| Fill in this in     | formation to ide    | entify your case:                    |           |   |
|---------------------|---------------------|--------------------------------------|-----------|---|
| Debtor 1            | TAMARA A KUNA       |                                      |           |   |
| 1                   | First Name          | Middle Name                          | Last Name |   |
| Debtor 2            |                     |                                      |           |   |
| (Spouse, if filing) | First Name          | Middle Name                          | Last Name |   |
| United States I     | Bankruptcy Court fo | or the Northern District of Illinois |           |   |
| Case number         |                     |                                      | ,         | , |
| (If known)          |                     |                                      | -         |   |
|                     |                     |                                      |           |   |

#### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

| <ol> <li>For any creditors that you listed in Part 1 of Schedule D: Cre<br/>information below.</li> </ol> | editors Who Have Claims Secured by Property (Offici  | al Form 106D), fill in the                          |
|---|--|---|
| Identify the creditor and the property that is collateral   | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C? |
| Creditor's name: WELLS FARGO HOME MORTGAGE  Description of property securing debt:                        | <ul> <li>☐ Surrender the property.</li> <li>☐ Retain the property and redeem it.</li> <li>☐ Retain the property and enter into a Reaffirmation Agreement.</li> <li>☐ Retain the property and [explain]:</li> </ul> | □ No<br>_ Yes                                       |
| Creditor's name:  Description of property securing debt:  | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:  | □ No<br>□ Yes                                       |
| Creditor's name:  Description of property securing debt:  | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:  | □ No<br>□ Yes                                       |
| Creditor's name:  Description of property securing debt:  | □ Surrender the property. □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:  | □ No<br>□ Yes                                       |

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TAMARA A KUNA

Debtor

Case number (If known)\_

List Your Unexpired Personal Property Leases

| or any unexpired personal property lease that you listed in <i>Schedule G: Executory Contracts and Unexpired Leases</i> (Official Form 106G), I in the information below. Do not list real estate leases. <i>Unexpired leases</i> are leases that are still in effect; the lease period has not yet nded. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |                             |                                       |  |
|---|-----------------------------|---------------------------------------|--|
| Describe your unexpired personal prope  | erty leases                 | Will the lease be assumed?            |  |
| Lessor's name:  |                             | □No                                   |  |
| Description of leased property:   |                             | Yes                                   |  |
| Lessor's name:  |                             | □No                                   |  |
| Description of leased property:   |                             | Yes                                   |  |
| Lessor's name:  |                             | No                                    |  |
| Description of leased property:   |                             | □Yes                                  |  |
| Lessor's name:  |                             | □No                                   |  |
| Description of leased property:   |                             | Yes                                   |  |
| Lessor's name:  |                             | □No                                   |  |
| Description of leased property:   |                             | Yes                                   |  |
| Lessor's name:  |                             | □No                                   |  |
| Description of leased property:   |                             | □Yes                                  |  |
| Lessor's name:  |                             | □No                                   |  |
| Description of leased property:   |                             | ☐Yes                                  |  |
| personal property that is subject to an u   | •                           | my estate that secures a debt and any |  |
| /s/ TAMARA A KUNA   | Signature of Debter 2       |                                       |  |
| Signature of Debtor 1   | Signature of Debtor 2  Date |                                       |  |

Case 17-12101 Doc 1 Filed 04/18/17 Entered 04/18/17 09:50:36 Desc Main Fill in this information to identify your case: Check one box only as directed in this form and in Form 122A-1Supp: TAMARA A KUNA Debtor 1 1. There is no presumption of abuse. Debtor 2 (Spouse, if filing) First Name Middle Name Last Name 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 United States Bankruptcy Court for the: Northern District of Illinois Means Test Calculation (Official Form 122A-2). 3. The Means Test does not apply now because of Case number (If known) qualified military service but it could apply later. ☐ Check if this is an amended filing Official Form 122A—1 Chapter 7 Statement of Your Current Monthly Income 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form. Part 1: **Calculate Your Current Monthly Income** 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. ■ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11. Married and your spouse is NOT filing with you. You and your spouse are: Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11. Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B). Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column B Column A Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions \$ 3,882.67 \$ 0.00 (before all payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if \$ 0.00 \$ 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not \$ 0.00 \$ 0.00 filled in. Do not include payments you listed on line 3.

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| otor 1       | TAMARA A KUNA   |  | Case number (if known)                  |  |                             |
|--------------|---|--|---|--|-----------------------------|
|              | First Name Middle Name Last Name  |  | , |  |                             |
|              |   |  | Column A Debtor 1                       | Column B Debtor 2 or non-filing spouse |                             |
| Une          | mployment compensation  |  | \$ 0.00                                 | \$ 0.00                                |                             |
| und<br>F     | not enter the amount if you contend that the amount reer the Social Security Act. Instead, list it here:  | <b>∀</b><br>\$   | V                                       | · <del></del>                          |                             |
|              | sion or retirement income. Do not include any amore fit under the Social Security Act.  | unt received that was a                                    | \$ <u>0.00</u>                          | \$ <u>0.00</u>                         |                             |
| Do r<br>as a | ome from all other sources not listed above. Speci<br>not include any benefits received under the Social Sec<br>victim of a war crime, a crime against humanity, or in<br>orism. If necessary, list other sources on a separate p | curity Act or payments receive<br>nternational or domestic | d                                       |  |                             |
|              |   |  | \$ <u>0.00</u>                          | \$ <u>0.00</u>                         |                             |
|              |   |  | \$0.00                                  | \$ <u>0.00</u>                         |                             |
| To           | al amounts from separate pages, if any.   |  | + \$ <u>0.00</u>                        | <b>+</b> \$ <u>0.00</u>                |                             |
|              | culate your total current monthly income. Add lines mn. Then add the total for Column A to the total for C  | S .  | \$_3,882.67                             | <b>+</b> <u>\$ 0.00</u>                | \$3,882.67<br>Total current |
| art 2        | Determine Whether the Means Test App  | lies to You  |   |  | monthly income              |
| Calc         | ulate your current monthly income for the year. F   | follow these steps:  |   |  |                             |
| 12a.         | Copy your total current monthly income from line 1  | 1  | c                                       | Copy line 11 here                      | \$ 3,882.67                 |
|              | Multiply by 12 (the number of months in a year).  |  |   |  | <b>x</b> 12                 |
| 12b.         | The result is your annual income for this part of the   | form.  |   | 12b.                                   | \$ <u>46,592.04</u>         |
| . Calc       | culate the median family income that applies to yo  | ou. Follow these steps:                                    |   |  |                             |
| Fill i       | n the state in which you live.  | IL   |   |  |                             |
| Fill i       | n the number of people in your household.   | 2  |   | _                                      |                             |
| To f         | n the median family income for your state and size of<br>ind a list of applicable median income amounts, go or<br>uctions for this form. This list may also be available a  | nline using the link specified in                          |   | 13.                                    | \$_66,487.00                |
| . Hov        | do the lines compare?   |  |   |  |                             |
| 14a.         | Line 12b is less than or equal to line 13. On the 1 Go to Part 3.   | top of page 1, check box 1, <i>Th</i>                      | ere is no presumpti                     | ion of abuse.                          |                             |
| 14b.         | Line 12b is more than line 13. On the top of page Go to Part 3 and fill out Form 122A–2.  | e 1, check box 2, The presump                              | otion of abuse is de                    | termined by Form 122                   | <b>1-2</b> .                |
| art 3        | Sign Below  |  |   |  |                             |
|              |   | v that the information on this st                          | atement and in any                      | attachments is true ar                 | nd correct.                 |
|              | By signing here, I declare under penalty of perjury   |  | •                                       |  |                             |
|              | By signing here, I declare under penalty of perjury  */s/ TAMARA A KUNA   | *  |   |  |                             |
|              |   | <b>x</b> _   | gnature of Debtor 2                     |  |                             |
|              | ✗/s/ TAMARA A KUNA  | <b>x</b> _   |   | Y                                      |                             |
|              | X /s/ TAMARA A KUNA Signature of Debtor 1  Date 04/18/2017  | Siq  |   | <u>Y</u>                               |                             |

ASSET ACCEPTANCE/KEVIN MORTELL 1821 WALDEN OFF SQ STE 400 SCHAUMBURG, IL 60173

BANK OF AMERICA PO BOX 851001 DALLAS, TX 75285

CAMPUS COURT AT KNOLLWOOD 1701 KNOLLWOOD AVE KALAMAZOO, MI 49006

CAPITAL ONE BANK PO BOX 6492 CAROL STREAM, IL 60197

CARDMEMBER SERVICE 09 BOX 15153 WILMINGTON, DE 19886

CARTER YOUNG INC 882 N MAIN ST, STE 120 CONYERS, GA 30012

CHASE BP 09 BOX 15298 WILMINGTON, DC 19850

DEPT OF THE TREASURY/INT REV SERV STOP 6692 AUSC AUSTIN, TX 733010021 DISCOVER 09 BOX 6103 CAROL STREAM, IL 60197

FIRSTMARK SERVICES PO BOX 82522 LINCOLN, NE 68501

MIDLAND FUNDING LLC 2365 NORTHSIDE DRIVE, STE 300 SAN DIEGO, CA 92108

MIDLAND FUNDING LLC

MIDLAND FUNDING LLC-CITIBANK 2365 NORTHSIDE DRIVE 300 SAN DIEGO, CA 92108

NAVIENT PO BOX 9635 WILKES-BARRE, PA 18773

PORTFOLIO RECOVERY 120 CORPORATE BLVD NORFOLK, VA 23502

PORTFOLIO RECOVERY-TNB 120 CORPORATE BLVD NORFOLK, VA 23502 SARAH KUNA 1855 TALL OAKS DRIVE UNIT 3303 AURORA, IL 60505

SEARS PO BOX 183081 COLUMBUS, OH 43218

TARGET NATL BANK PO BOX 59317 MINNEAPOLIS, MN 55459

TNB VISA PO BOX 673 MINNEAPOLIS, MN 55440

WALMART PO BOX 530927 ATALANTA, GA 30353

WELLS FARGO ED FIN SERV PO BX 5185 SIOUX FALLS, SD 57117

WELLS FARGO HOME MORTGAGE PO BOX 10335 DES MOINES, IA 50306 United States Bankruptcy Court Northern District of Illinois

| In re: TAMARA A KUNA | Case No.  |
|----------------------|-----------|
| Debtor(s)            | Chapter 7 |

#### **Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

| Date: | 04/18/2017 | /s/ TAMARA A KUNA         |
|-------|------------|---------------------------|
|       |            | Signature of Debtor       |
|       |            |                           |
|       |            |                           |
|       |            | Signature of Joint Debtor |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
|            | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$335      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law.

Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |  |
|---|-------|--------------------|--|
| + | \$75  | administrative fee |  |
|   | \$275 | total fee          |  |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition* for *Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## United States Bankruptcy Court

|    | Northern District of Illinois  ———————————————————————————————————  |  |
|----|---|--|
| In | re TAMARA A KUNA  |  |
|    |   | Case No.   |
| De | btor TAMARA KUNA  | Chapter_7  |
|    | DISCLOSURE OF COMPENSATION OF ATTORNEY  | FOR DEBTOR   |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify the above named debtor(s) and that compensation paid to me within one year petition in bankruptcy, or agreed to be paid to me, for services rendered the debtor(s) in contemplation of or in connection with the bankruptcy of | ar before the filing of the or to be rendered on behalf of |
|    | For legal services, I have agreed to accept   | \$_0.00  |
|    | Prior to the filing of this statement I have received   | \$_0.00  |
|    | Balance Due   | \$_0.00  |
| 2. | The source of the compensation paid to me was:  |  |
|    | Debtor Other (specify)  |  |
| 3. | The source of compensation to be paid to me is:   |  |
|    | Debtor Other (specify)  |  |
| 4. | I have not agreed to share the above-disclosed compensation with are members and associates of my law firm.   | any other person unless they                               |
|    | I have agreed to share the above-disclosed compensation with a ot not members or associates of my law firm. A copy of the Agreement, togethe people sharing the compensation is attached.   |  |

- 5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

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d. [Other provisions as needed]

Receipt and review of financial information; preparation of Ch 7 petition, review of means test, attend creditors meeting

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services: no motions or amendments.

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